



L.A. Care
HEALTH PLAN®

For All of L.A.

BOARD OF GOVERNORS MEETING

November 4, 2021 • 2:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Statement

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.4 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

L.A. Care Health Plan is governed by 13 board members representing specific stakeholder groups, including consumer members, physicians, federally qualified health centers, children's health care providers, local hospitals and the Los Angeles County Department of Health Services.

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than \$180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.



- **L.A. Care Cal MediConnect Plan** – L.A. Care Cal MediConnect Plan provides coordinated care for Los Angeles County seniors and people with disabilities who are eligible for Medicare and Medi-Cal.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

L.A. Care Membership by Product Line – As of October 2021	
Medi-Cal	2,304,374
L.A. Care Covered	103,197
Cal MediConnect	18,730
PASC-SEIU	50,807
Total membership	2,477,108
L.A. Care Providers – As of December 2020	
Physicians	6,061
Specialists	13,723
Both	731
Hospitals, clinics and other health care professionals	12,257
Financial Performance (FY 2020-2021 budget)	
Revenue	\$7.7M
Fund Equity	\$778,308
Net Operating Surplus	(\$169,273)
Administrative cost ratio	5.8%
Staffing highlights	
Full-time employees (Actual as of September 2020)	2,088
Projected full-time employees (FY 2020-2021 budget)	2,033





AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, November 4, 2021, 2:00 PM
L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017

DRAFT

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act , allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

<https://lacare.webex.com/lacare/j.php?MTID=md2f788520f4cf128dd02a2b3c116fe9f>

English Audio Call (213) 306-3065

Access Code **2482 202 6075** Password: **lacare**

Spanish Audio Call: (213) 306-3065

Access Code **2485 752 5145** Password: **lacare**

Khmer Audio Call: (213) 306-3065

Access Code **2493 116 2941** Password: **lacare**

Members of the Board of Governors or staff may participate in this meeting via teleconference. *The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Webex to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the To: window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 pm on November 4, 2021, it will be provided to the members of the Board of Governors at the beginning of the meeting.. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.**

Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Board appreciates hearing the input as it considers the business on the Agenda.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Hector De La Torre, *Chair*

1. Approve today's Agenda *Chair*
2. Approval of findings under the Ralph M. Brown Act **(BOG 100)** *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve Consent Agenda Items *Chair*
 - September 2, 2021 Board of Governors Meeting & Retreat Minutes
 - September 27, 2021 Board of Governors Special Meeting Minutes
 - Revised 2022 Board & Committee Meeting Schedule **(BOG 101)**
 - Ratify execution of Amendment A33 to Contract 04-36069, and Amendment A15 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services **(EXE 100)**
 - Accounting & Financial Services Revised Policies **(FIN 100)**
 - Policy AFS 008 (Annual Investment Review)
 - Policy AFS-027 (Travel Expenses)
 - Ntooitve Contract **(FIN 101)**
 - Change Healthcare Resources Contract Amendment **(FIN 102)**
 - Claris Health Contract Amendment Scope of Works 2, 4, and 6 **(FIN 103)**
5. Chairperson's Report *Chair*
 - Nominations for Charitable Organizations for donated Board Stipends
6. Chief Executive Officer Report John Baackes
Chief Executive Officer
 - 4th Quarter FY 2020-21 Vision 2021 Progress Report
 - Vision 2024
 - Grants & Sponsorships Report

Advisory Committee Reports

7. Executive Community Advisory Committee Hilda Perez / Layla Gonzalez
Consumer member and Advocate member

Committee Reports

8. Executive Committee *Chair*
- Board Officer Election (**BOG 102**) Hilda Perez
Governance Committee Chair
 - Government Affairs Update Cherie Compartore
Senior Director, Government Affairs
 - CHIF FY 2021-22 Priorities (**EXE 101**) Roland Palencia
Director, Community Benefits
 - Continue funding of Elevating the Safety Net Residency Support Program (**EXE 102**) John Baackes
Cynthia Carmona
Senior Director, Safety Net Initiatives
William Alamo
Program Manager III, Safety Net Initiatives
9. Finance & Budget Committee *Chair*
- Chief Financial Officer Report Marie Montgomery
Chief Financial Officer
 - Financial Report July and August 2021 (**FIN 104**)
 - Monthly Investment Transaction Reports July and August 2021
10. Public Comment on Closed Session Items (*Please read instructions above.*) *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 15 minutes)

Chair

11. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
 - Plan Partner Services Agreement
12. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Technology, Business Plan
Estimated date of public disclosure: *November 2023*

RECONVENE IN OPEN SESSION

Chair

Adjournment

Chair

The next meeting is scheduled on Thursday, December 2, 2021 at 2:00 PM and may be conducted as a teleconference meeting.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



Schedule of Meetings November 2021

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4 <i>Board of Governors Meeting</i> 2 PM	5
8	9	10 <i>ECAC Meeting</i> 10 AM (for approx. 2 hours)	11	12 <i>Technical Advisory Committee</i> 2 PM (for approx. 2 hours)
15 <i>Finance & Budget</i> 1 PM (for approx. 1 hour) <i>Executive Committee</i> 2 PM (for approx. 2 hours)	16 <i>Children's Health Consultant Advisory Committee</i> 8:30 AM (for approx. 1-1/2 hours)	17	18 <i>Compliance & Quality</i> 2 PM (for approx. 2 hours)	19
22	23	24	25	26
29	30			

Due to COVID 19 pandemic, California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions.

L.A. Care has temporarily suspended some of its public meetings.



L.A. Care

HEALTH PLAN

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES 2021 MEETING SCHEDULE / MEMBER LISTING

1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017
Tel. (213) 694-1250 / Fax (213) 438-5728

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 2:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>November 4 December 2</p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Monday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>October 25 November 15* <i>No meeting December</i> <i>*3rd Monday due to Thanksgiving holiday</i></p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert H. Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Hilda Perez</p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 694-1250 or send email to boardservices@lacare.org.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday every 2 months 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	November 18	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Hilda Perez Ilan Shapiro, MD Nina Vaccaro</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Monday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>October 25 November 15* <i>No meeting December</i></p> <p><i>*3rd Monday due to Thanksgiving holiday</i></p>	<p>Robert H. Curry, <i>Chairperson</i> Stephanie Booth, MD Hector De La Torre Hilda Perez G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
GOVERNANCE COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Antonia Jimenez Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services/x 4183</i></p>
SERVICE AGREEMENT COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Layla Gonzalez, <i>Chairperson</i> George W. Greene Antonia Jimenez Hilda Perez</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services/x 4183</i></p>

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2021 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
AUDIT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 MEETS AS NEEDED		Alvaro Ballesteros, MBA, <i>Interim Chairperson</i> Stephanie Booth, MD, Layla Gonzalez Staff Contact Malou Balones <i>Board Specialist III, Board Services, x 4183</i>
L.A. CARE COMMUNITY HEALTH PLAN	Meets Annually or as needed L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250		Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i>
L.A. CARE JOINT POWERS AUTHORITY	Meets as needed L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250		Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i>

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2021 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
PUBLIC ADVISORY COMMITTEES			
CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING	3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	September 21 November 16	Tara Ficek, MPH, Chairperson Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i>
EXECUTIVE COMMUNITY ADVISORY COMMITTEE	2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	November 10 December 8	Fatima Vasquez, Chairperson Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i>
TECHNICAL ADVISORY COMMITTEE	Meets Quarterly L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	November 12 2 PM	Richard Seidman, MD, MPH, Chairperson Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i>

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2021 MEETING SCHEDULE / MEMBER LISTING**

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<p>REGIONAL COMMUNITY ADVISORY COMMITTEES <i>DUE TO COVID 19 PANDEMIC, CALIFORNIA GOVERNOR ISSUED EXECUTIVE ORDER N-25-20, N-29-20, WHICH AMONG OTHER PROVISIONS AMENDS THE RALPH M. BROWN ACT AND EXECUTIVE ORDER N 33-20 ORDERING ALL RESIDENTS TO STAY IN THEIR HOMES, EXCEPT FOR SPECIFIC ESSENTIAL FUNCTIONS. L.A. CARE HAS TEMPORARILY SUSPENDED SOME OF ITS PUBLIC MEETINGS.</i></p>			
<p align="center">REGION 1 ANTELOPE VALLEY</p>	<p>3rd Friday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center- Palmdale 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>		<p>Russel Mahler, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i></p>
<p align="center">REGION 2 SAN FERNANDO VALLEY</p>	<p>3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center- Pacoima 10807 San Fernando Road Pacoima, CA 91331 (844) 858-9942</p>		<p>Estela Lara, <i>Chairperson</i></p> <p>Staff Contact: Martin Vicente <i>Community Outreach & Education, x 4423</i></p>
<p align="center">REGION 3 ALHAMBRA, PASADENA AND FOOTHILL</p>	<p>3rd Tuesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Avenue Pasadena, CA 91103 (626) 744-7330</p>		<p>Cynthia Conteas-Wood, <i>Chairperson</i></p> <p>Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i></p>

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2021 MEETING SCHEDULE / MEMBER LISTING**

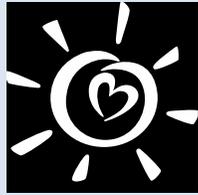
	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
REGION 4 HOLLYWOOD- WILSHIRE, CENTRAL L.A. AND GLENDALE	3rd Wednesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Health Plan Conference Room 100 1055 W. 7 th Street Los Angeles, CA 90017 (213) 694-1250		Sylvia Poz, <i>Chairperson</i> Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i>
REGION 5 CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER	3rd Monday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Building Garden Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625		Maria Sanchez, <i>Chairperson</i> Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i>
REGION 6 COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE	3rd Thursday of every other month 3:00 PM <i>(for approximately 2-1/2 hours)</i> South LA Sports Activity Center 7020 S. Figueroa Street Los Angeles, CA 90003 (323) 758-8716		Andria McFerson, <i>Chairperson</i> Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i>
REGION 7 HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY	3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Community Empowerment Center 7515 Pacific Blvd. Walnut Park, CA 90255 (213) 516-3575		Fatima Vasquez, <i>Chairperson</i> Staff Contact: Martin Vicente <i>Community Outreach & Education, x 4423</i>

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REGION 8 CARSON, TORRANCE, SAN PEDRO, WILMINGTON	<p>3rd Friday of every other month 10:30 AM <i>(for approximately 2-1/2 hours)</i></p> <p>Providence Community Health Wellness and Activity Center 470 N. Hawaiian Ave. Wilmington, CA 90744 (424) 212-5699</p>		<p>Ana Romo – <i>Chairperson</i></p> <p>Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i></p>
REGION 9 LONG BEACH	<p>3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i></p> <p>Albert Jewish Community Center 9801 E. Willow Street Long Beach, CA 90815 (562) 426-7601</p>		<p>Tonya Byrd, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i></p>
REGION 10 EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK	<p>3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i></p> <p>L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570</p>		<p>Damaris de Cordero, <i>Chairperson</i></p> <p>Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i></p>
REGION 11 POMONA AND EL MONTE	<p>3rd Thursday of every other Month 10:00 AM <i>(for approximately 2-1/2 hours)</i></p> <p>Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661</p>		<p>Maria Angel Refugio, <i>Chairperson</i></p> <p>Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i></p>

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG.
MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING,
PLEASE CALL (213) 694-1250 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. BOG 100.1121

Committee:

Chairperson: Hector De La Torre

Issue: Remote Teleconference Meetings

Background: On March 17, 2020, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act (the “Brown Act”) in order to allow for local legislative bodies to conduct their meetings completely telephonically or by other electronic means due to public health orders restricting gatherings during the COVID-19 pandemic.

Recent legislation and amendments to the Brown Act allow legislative bodies to continue meeting virtually provided there is a state of emergency declared by the Governor, and either (1) state or local officials have imposed or recommended measures to promote social distancing; or (2) the legislative body determines by majority vote that meeting in person would present imminent risks to the health and safety of attendees. The Governor, by executive order signed on September 20, 2021, suspended the effective date of this new legislation to October 1, 2021. And, the virtual meetings must be held consistent with these new requirements.

In order to continue conducting virtual meeting under the revised provisions of the Brown Act the Board of Governors, or any other legislative bodies of L.A. Care Health Plan, including Committees, must, within thirty (30) days of the first meeting following the effective date and every thirty (30) days thereafter, make findings that (a) state or local officials continue to recommend measures to promote social distancing, or that (b) an in-person meeting would constitute an imminent risk to the safety of attendees.

Findings:

1. The Board of Governors has reconsidered the circumstances of the state of emergency initially declared by the Governor on March 4, 2020, pursuant to section 8625 of the California Emergency Services Act, relating to the COVID-19 public health crisis and finds that the declaration still remains in effect. The continuation of virtual meetings will allow for full participation by members of the public while social distancing recommendations remain in effect and will facilitate the purposes of such social distancing recommendations by preventing large crowds from congregating in indoor facilities for extended periods of time. Given that the vaccination status of meeting participants is not known, it is prudent to use caution in protecting the health of the public, L.A. Health Care’s employees and its members where, as here, adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time.
2. The Board of Governors finds that state and local officials continue to impose or recommend measures to promote social distancing. The Department of Industrial Relations’ issuance of COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section

Board of Governors

MOTION SUMMARY

3205 *et seq.*, includes informing employees that masking and social distancing in the workplace are most effective when used in combination because particles containing the virus can travel more than six feet. Further, as of the date of this Motion, the Los Angeles County Department of Public Health continues to recommend measures to promote social distancing, including recommendations to avoid crowded indoor spaces and to maintain six feet of social distancing, especially in cases where the vaccination status of persons outside a person's household is unknown.

As such, staff recommends approval of this motion so that the Board of Governors and all legislative bodies of the L.A. Care Health Plan may continue to meet virtually. The Board of Governors, or other legislative bodies on the Board's behalf, may extend the authorization for an additional thirty (30) days via another motion summary that makes the above specific findings in support of continuing virtual meetings.

Member Impact: L.A. Care members will benefit from this motion by providing for public participation in Board of Governor meetings, while following social distancing measures promoted by State and Local health officials.

Budget Impact: The approval of a motion to continue virtual meetings will maintain the status quo and minimal financial impact is anticipated by the approval of this motion, though some costs may be associated with the technical solutions required to conduct teleconference meetings in compliance with the Brown Act.

Motion:

- 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;**
- 2. Adopt findings as set forth in this Motion Summary and,**
- 3. For all L.A. Care meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committee to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.**

Board of Governors

Retreat and Regular Meeting Minutes #300

September 2, 2021

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017



Members

Hector De La Torre, *Chairperson*
 Alvaro Ballesteros, MBA, *Vice Chairperson*
 Robert H. Curry, *Treasurer*
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Christina R. Ghaly, MD *
 George W. Greene, Esq. *

Antonia Jimenez
 Honorable Holly J. Mitchell
 Hilda Perez
 G. Michael Roybal, MD, MPH *
 Ilan Shapiro, MD *
 Nina Vaccaro, MPH

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Linda Greenfeld, *Chief Product Officer*
 Augustavia Haydel, *General Counsel*
 Linda Greenfeld, *Chief Product Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 Acacia Reed, *Chief Operating Officer*

All via teleconference

**Absent*

California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 9:09 a.m. the regular meetings of L.A. Care Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors regular meetings were held simultaneously.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email.</p> <p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. Comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Submission of public comment must be sent before public comment period for an item.</p> <p>For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVAL OF MEETING AGENDA</p>	<p>PUBLIC COMMENT Submitted via email, September 2, 2021, at 8:30 AM by Andria McFerson <i>Hello chairperson De La Torre,</i> <i>In regards to the agenda I feel they're needs to be more involvement in the Colored communities and specifically the Black community with the disparities they're facing especially in today's times. Systematic racism has been at its worst and that does affect overall health in general including Mental Health, physical health and the overall social determinants of Health that Black people face just leaving out getting in their car and going to the store having to worry about being pulled over harassed by the police or even shot and killed. But, we as Black people have been discriminated against since the very beginning by all races being followed in the store and prejudged as if we are the enemy by just speaking out in defense like right now. The board of supervisors adopted the much needed anti-racist agenda motion calling for a strategic plan and policy platform enacting the initiative as Board directed priority stakeholder engagement opportunities and notifications with better access to community conversation. The CEO was allocated to implement plans to do just that through an original motion of Mark Ridley Thomas the prior supervisor of the most predominant region of Black people. On their agenda they address the Black residents of La county's disparities by implementing a plan building upon previous efforts. These overlooked plans I feel are similar to Mark Ridley-Thomas request here at LA Care, while holding a seat, to be more involved in the Black community and African-American History month these actions were agreed upon by the fellow board of Governor seats and were supposed to be carried out with LA CARE'S Outreach and engagement Department. This topic was brought up at the Board of Governors meeting only after my request being chair of RCAC 6 Mark Ridley-Thomas's district. So now almost 2 years later the staff has finally allowed us to have an ad-hoc to only cover African American History month. This agenda and Future agendas need to cover Black disparities they need to be brought up more here at the BOG to cover the decisions made by LA Care to implement more involvement in the community due to the health disparities that WE ARE TORTMENTED BY FROM ALL PERSPECTIVES OF THE SOCIAL DETERMINANTS OF HEALTH WE NEED AN AD-HOC TO DISCUSS THAT WITH OUR OWN ECAC. Chair De La Torre can you please address these disparities on the agenda for now and/or future meetings.</i> <i>Thanks</i> <i>Andria McFerson, RCAC 6 Chair</i></p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre thanked Ms. McFerson for her comment. L.A. Care’s Board of Governors appreciates her input. He noted that social determinants of health across the board are considered in all we do at L.A. Care. At some point there can be a discussion about the various initiatives that L.A. Care is undertaking on behalf of the members.</p> <p>The agendas were approved as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly Gonzalez, Jimenez, Mitchell, Perez, Roybal and Vaccaro)</p>
<p>PUBLIC COMMENT</p>	<p><i>(Member Curry joined the meeting.)</i></p> <p>Received via text, August 17, 2021, 1:44 pm, from Carolyn Rogers Navarro <i>General Public comment Sept 2, 2021 Carolyn Rogers Navarro, a doctor on LA Cares board publicly discussed my adult autistic daughter Vanessa at an ECAC meeting in Nov of 2015 claiming my grievances were resolved and handled properly when in truth LA Care would not respond to my repeated requests for assistance for my daughter Vanessa Navarro and defended Synermed and retaliated because of our accurate accounts of their abuses, that were later verified. My daughter died less than a month after this Nov meeting. I have told LA Care to self report this abuse of my child’s rights and my rights to advocate for her and my not being notified of her being discussed at this ECAC meeting, I told LA Care I want this public record violating our privacy removed and I want written notice of this removal, LA Care is mandated to self report this abusive conduct to the state privacy officer !</i></p> <p>Received via text August 19, 2021, at 10:44 am, not self-identified <i>General comment for 8-19-2021 compliance meeting AND 9-2-2021 board meeting. LA Care publicly displays claims of assisting our adult autistic daughter Vanessa Navarro (I am her father) when in truth they defended Synermed and their dishonest doctors and would not return our phone calls and then claimed they assisted us at a public meeting publically mentioning my wife and daughter! We approached the LA Care board for help and instead got no notification to us our daughter would be publicly discussed by a board member at a public ECAC meeting violating our right to due process! We obtained these records as proof. Now LA Care is not honoring our request that this record of our daughter being discussed without our knowledge or consent be removed from public view!</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Received via text August 19, 2021, at 10:55 am, not self-identified General comment 9-2-2021 board meeting. <i>LA Care publicly displays claims of assisting our adult autistic daughter Vanessa Navarro (I am her father) when in truth they defended Synermed and their dishonest doctors and would not return our phone calls and then claimed they assisted us at a public meeting publically mentioning my wife and daughter! We approached the LA Care board for help and instead got no notification to us our daughter would be publicly discussed by a board member at a public ECAC meeting violating our right to due process! We obtained these records as proof. Now LA Care is not honoring our request that this record of our daughter being discussed without our knowledge or consent be removed from public view!</i></p> <p>Received via text August 21, 2021, at 2:09 pm, not self-identified https://www.aclu.org/blog/free-speech/internet-speech/court-rules-public-officials-cant-block-critics-facebook <i>9-2-2021 board of governors meeting LA Care keeps deleting comments criticizing them on Facebook when they invite public comments about their public agency. They set it so people can't review them, it is set so it shows comments were made but not visible.</i></p> <p>Received via voice mail September 1, 2021, at 3:06 pm, anonymous <i>Somebody from the outside needs to seriously audit L.A. Care. They are not delivering services to clients, and pretending that they are. Grievances are largely ignored, delayed, non-responsive and inaccurate. I believe Baackes is misrepresenting DHCS audits because critical issues are causing delay and non delivery, and they have not been resolved. They have been going on for quite some time. I have noted them in my grievances prior. There is improper denial of services, medications, there is retaliation and abuse. I fight every day 24/7. There has been misreading and misdocumentation of written comments, continued patient rights, Brown Act, HIPPA and ADA violations. I believe violating protocol in the medical, pharmacy legal responsibilities and regulations. ADA accommodation requests are ignored and not responded to. You seem to be violating a number of government title designations. Hector De La Torre, on the 5/7/2020 minutes says, RCAC lack of black members and med students is due to people not stepping forward. I've stepped forward to find out information, I can't get it. The only way I find out certain things is from the BoG meetings. There are massive issues with L.A. Care. No response, no information, if there is any response it is vague, inadequate,</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>incorrect, yet blamed for it and kicked to the curb. Why do you make everything so difficult and destroy our quality of life? I can't get my medical care, medicines, info, because L.A. Care clearly doesn't want me to have it. If they did, I would have had it long ago. The stress and anxiety you are causing for me and many other clients is killing us. The racism and bias expressed by certain Board members and others has still not been addressed, investigated or resolved.</i></p> <p>Received via phone call on September 1, 2021, at 8:09 PM, by Elizabeth Cooper <i>Good morning Board Chair Mr. de la Torre and members of the board of governors, and Mrs. John C Baackes chief executive officer of L.A. Care and public. My name is Elizabeth Cooper. On September the 14th 2021 in less than two weeks, California will be having a special election which is very important for the state of California. For every register voter who has receive their ballot, I would like to encourage you to please vote and not throw the ballots away. Don't forget to vote! The issues of health care and other issues that impact so many are very important.</i></p> <p>Received via email, September 2, 2021, at 8:56 AM by Andria McFerson <i>Chair De La Torre, My name is Andria McFerson and I am chair of RCAC 6. Please understand I have spoken about the resource center in my region since the very beginning of me becoming chair. I asked for better access to the resources LA Care provides to Inglewood but, now I just asked that you reopen a closed resource center in my region because the limited location we had no longer even exists. Strangely now we have close to 8 Resource centers with the Inglewood center being one of the original locations but somehow not only staying the smallest throughout all this time with the least amount of parking in the most predominantly Black region but also the least amount of resources when other regions of other predominant races have events like; food banks and many other resources on a regular basis. The last event that we had giving out school supplies was not publicized enough to even and give out all the supplies we had to the public. I myself had to dance on the corner with a flag and a backpack to get people to come in and receive the resources for their kids. I got over a hundred school supplies out to the community by people responding to me publicizing the event that day on the corner. So many bags and school supplies were left over it was sad! It's all because once again the resource center is not publicized properly and unfortunately it was shut down limiting the communication to the public the overall event could have also had a better systematic setup to where the DJ would play music near outside traffic and more signs would be outside of the</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>parking lot with posters on the streets outside of Southwest college where there was the most traffic. It's sad how my overall region is ignored regularly and I don't know why but something needs to be done right away because it affects the community contributing to the lack of preventative care information we have always had to deal with when unfortunately mortality rate is one of the highest in the county. Please change the lack of resources and overall mistreatment in region 6 and address overall systematic racism.</i></p> <p><i>Thank You</i> <i>Andria McFerson</i> <i>RCAC 6 CHAIR</i></p> <p>Chairperson De La Torre thanked all of these people for their public comment. Even if the Board doesn't respond to each comment individually, the Board members listen and pay attention to the comments. He wrote notes on the comments and he indicated that L.A. Care will work on some of the issues internally and will report back, either through the Regional Community Advisory Committee (RCAC) system or at a Board Meeting.</p>	
<p>CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT Received via voice mail September 1, 2021, 3:10 pm, anonymous <i>The June 2021 minutes that are on the agenda, L.A. Care could have avoided the unnecessary fines due to outdated doctor information. I personally have told you guys about this problem many times before, and the problems that it causes. May 2021 minutes, the withholding of medical supplies, I've been telling you about that for a long time. The call in option is an ADA accommodation request that you guys had in place before, pre-COVID, and it should be reinstated. Hector De La Torre's responses are still dismissive, disingenuous and irrelevant, when he responds that he just wanted to say what other people were doing. No, that was not the point of your comment when you made it at the time. It was dismissive and you were not trying to move anything forward and resolve it. And you are still violating ADA as it is difficult for me and others to participate in a dialogue with the Board of Governors at the Board of Governors' meetings. That means back and forth, and we need to hear things in real time. Otherwise, it's unfair to us and it is difficult for anyone with disabilities to participate. Stop trying to sugarcoat it. And stop trying to say that its because you've been doing it for more than 14 months, that its ok. It's not. Start taking care of your members instead of alienating them at every turn.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Received via phone call on September 1, 2021, at 8:09 PM, by Elizabeth Cooper <i>Please consider hosting the Board meeting in the San Fernando Valley in the future. Please incorporate the Community and Engagement Department.</i></p> <p>Chairperson De La Torre expressed that the Board meetings are not a dialogue, the meetings are an opportunity for the public to engage the Board and to share their views and concerns. The Board will take that input into consideration when the Board takes actions and make decisions on behalf of L.A. Care. That is the reason and the structure of The Brown Act; that is why public comment is set up the way it is and is heard before the Board considers an item. The Board members take the public comment into consideration as they are deliberating on an item. Chairperson De La Torre was a City Councilmember for eight years, and the same structure was used. He emphasized that the Board members are listening and taking notes during public comment, and if there is an issue raised in public comment that requires action it is followed up on with staff in the appropriate forum. The forum could be at a Board or a RCAC meeting, or internally at L.A. Care. He would like it to be clear on what the Brown Act is and what it is meant to do.</p> <p>In terms of having meetings in the San Fernando Valley, he noted that today's meeting was to be held in person and he had asked staff to find a location in the San Fernando Valley. Unfortunately, the public health situation deteriorated and this meeting is being held virtually, as all meetings have been for the last 14 months. He would like to have meetings in person as much as everyone does, but it is not possible, particularly for a health organization, to have meetings in person when a pandemic is still raging. In planning this meeting, staff was intending that this meeting would be held in person, and be assured that L.A. Care will hold meetings in other areas of Los Angeles County at the appropriate time. He encouraged everyone to get a COVID-19 vaccine. The vaccination is free and available at many locations throughout Los Angeles County and appointments for home visits are available as well.</p> <ul style="list-style-type: none"> • Minutes of July 29, 2021 Board of Governors Meeting • 2022 Board and Committee Meeting Schedule <u>Motion EXE 100.0921*</u> To approve the 2021 Board of Governors meeting schedule as submitted. • Quarterly Investment Report <u>Motion FIN 100.0921*</u> To accept the Quarterly Investment Report for the quarter ending June 30, 2021, as submitted. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly Gonzalez, Jimenez, Mitchell, Perez, Roybal and Vaccaro)</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Allocation of Funds to support L.A. Care’s Projects with Non-Travel Meals and Catering and Other Expenses exceeding \$10,000 <u>Motion FIN 101.0921*</u> To approve the allocation of funds to support L.A. Care’s Projects with Non-Travel Meals and Catering and Other Expenses exceeding \$10,000 in the total amount of \$497,775 for FY 2021-2022. • Everise Contract Amendment <u>Motion FIN 102.0921*</u> To authorize staff to increase funds to the existing \$21 million contract, in the amount of \$4.5 million, not to exceed a total spend of \$25.5 million, with Everise for call center services and to extend through March 31, 2022. • Alchemy Communications, Inc. Data Center Service Lease Agreement Extension <u>Motion FIN 103.0921*</u> To authorize staff to enter into a new 5-year Alchemy Communications Inc. data center service lease agreement in an amount not to exceed \$4,407,256.62. • Children’s Health Consultant Advisory Committee new member, James Cruz, MD <u>Motion CHC 100.0921*</u> To approve James Cruz, MD, as member of the Children’s Health Consultant Advisory Committee (CHCAC), effective upon his acceptance of this position, and as of September 2, 2021 for the L.A. Care Plan Partner seat. 	
CHAIRPERSON’S REPORT	<p>PUBLIC COMMENT</p> <p>Received via phone call on September 1 at 8:09 PM, by Elizabeth Cooper <i>I hope the board elections consider the composition of culturally and linguistically representation</i></p> <p>Chairperson De La Torre noted that the Board agreed on an approach for the Officer elections at the last meeting, but the public health situation has not improved as thought it would back in July. The officer elections are usually in November each year. He reminded that the October Board Meeting is tentatively scheduled, so there might not be a full Board meeting until November. Board members will be asked to send their nominations for Board Officers to Board Services staff. The Executive Committee is comprised of Chairs of various committees and will review the nominations. Members of the Executive Committee are: Hector De La Torre (Chair), Al Ballesteros, Stephanie Booth, MD, Robert H. Curry, Layla Gonzalez, and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Hilda Perez. The Board can decide in November if the officers will take office immediately or in January 2022.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p>Received via text, August 30, 2021, 7:47 am, not self-identified <i>9-2-2021 board of gov meeting CEO report, you people don't give a <expletive> about quality of care, you just want more and more enrollees you can't actually service!</i></p> <p>Received via phone call on September 1, 2021, at 8:09 PM, by Elizabeth Cooper <i>If you can also grant and sponsor those with disabilities. Mr. Baackes please give you comment about the rental assistant program that will impact so many in the communities and possible L.A. Care members who are at risk of being evicted, and for them to have access to those funds available through the government. How can L.A. Care and the staff be part assisting in helping those members.</i></p> <p>Received via email, September 2, 2021, at 9:16 AM by Andria McFerson <i>Chair De La Torre, My name is Andria McFerson, Chair of RCAC 6, Rental assistance is needed in our communities of LA County. Congress allocated money for people who need assistance who are at risk for eviction due to covid-19 constrictions. Can LA Care fund programs to help low-income people struggling to pay their rent and are at a threat to be homeless? This assistance would be an existential decision and very beneficial when people now have no options but either rent or food. Severely low income living conditions in LA County are not only mentally debilitating but a physical threat for kids, seniors and adults to be malnourished and homeless. We also need to know if LA Care has already given rental assistance funds. If so can we have a better plan to give these public information and resources to our RCAC members and overall LA Care members who might be in the process of being homeless. As a stakeholder I officially ask that we have an update from the facility, Brilliant Corners, LA Care gave 25 million to for shelter to the homeless. We need to know if there is data to show a level of progression and how they have been fighting against the debilitated population of homeless people in LA County. Please follow through with more information as if we deserve to know because this affects our own family, friends and the communities we represent. Thanks, Andria McFerson, RCAC 6 Chair</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>John Baackes, <i>Chief Executive Officer</i>, noted that Ms. Cooper’s comments about rental assistance have been forwarded to him by Board Member Gonzalez. In response to that and to Ms. McFerson, he commented that L.A. Care has not provided rental assistance. L.A. Care provided a grant of \$20 million over five years to Brilliant Corners as part of the Whole Person Care (WPC) program in Los Angeles County. WPC has used that to provide housing for 328 people (some are families). For the concerns about the expiration of the eviction moratoriums, L.A. Care has awarded 10 Community Health Investment Fund (CHIF) grants to agencies that provide rental assistance in the community, including L.A. Care members. L.A. Care will provide information to Regional Community Advisory Committees (RCACs) and Executive Community Advisory Committee (ECAC) members with a list of those agencies that are available for people to use. Over the last two years, L.A. Care provided \$1.25 million in CHIF grants so that those agencies would have the resources needed to serve people. A presentation can also be made at a future ECAC meeting.</p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • In September, L.A. Care enrollment is more than 2,450,000. September is the last month of L.A. Care’s fiscal year. Marie Montgomery, <i>Chief Financial Officer</i>, will present the latest financial results in her report and present the budget for the new fiscal year. This budget presents a much different financial outlook from what was presented a year ago, when L.A. Care faced a significant operating deficit. • On January 1, 2022 a staggering number of initiatives developed by the California Department of Health Care Services (DHCS) will launch. L.A. Care and other health plans are responsible for administering these new programs: <ul style="list-style-type: none"> ○ Prescription drug benefits will be “carved out” of Medi-Cal and will be managed by a third-party administrator retained by state agencies. Health plans with Medi-Cal managed care members will no longer administer the prescription drug benefits for those members. L.A. Care is opposed to this action because of the potential disruption of services and confusion for Medi-Cal beneficiaries. The transition will likely be very confusing for members, and they will have to use a different card to obtain prescription drug benefits. The Medi-Cal pharmacy benefit does not change, there is only a change in the administration of the program. Medi-Cal members will need to have a different card to access prescription medicines. Notices will be sent to beneficiaries and L.A. Care expects a lot of phone calls asking about the new program. L.A. Care’s pharmacy staff is preparing for the transition. ○ L.A. Care is also preparing for the California Advancing and Innovating Medi-Cal (CalAIM) which is a significant expansion of programs for Medi-Cal. The 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>implementation date is approaching and plans are only now beginning to get information about the rates. Two important programs are Enhanced Care Management (ECM) and In Lieu of Services (ILOS), which involve the highest risk members. These new programs are similar to the Health Homes (HH) and Whole Person Care (WPC) federal waiver programs, which will end as CalAIM launches. Health plans are concerned about the transition of members to the new programs, and are working to ensure that everyone who is eligible is enrolled in ECM and ILOS and that care is not interrupted for these members. In reviewing the funding for ECM and ILOS, it appears that there may not be sufficient funding to cover the beneficiaries currently enrolled in HH and WPC. Members enrolled in HH and WPC will have to be reassessed to determine eligibility for the new ECM and ILOS programs. L.A. Care is concerned about members currently in HH or WPC who may not be eligible for ECM or ILOS, but will still need the care provided by HH and WPC. L.A. Care is working closely with Los Angeles County Department of Health Services (DHS) to continue serving these members.</p> <p>CalAIM includes provisions making health plans responsible for major organ transplants. There is also a school-based behavioral health services program, where health plans will receive additional funding for behavioral health programs in schools. L.A. Care is working with Los Angeles County school systems to implement this new program.</p> <ul style="list-style-type: none"> ○ California announced funding for a COVID-19 vaccine incentive program to increase the vaccination rate for Medi-Cal enrollees; the Medi-Cal population has about a 20% lower rate than the overall vaccination rate for residents of Los Angeles County. L.A. Care submitted a comprehensive plan for its program yesterday, and Mr. Baackes complimented the staff for completing that on time and on such short notice. The plan is broad to allow L.A. Care to be creative and build on its existing programs to encourage people to get the COVID-19 vaccine. ● With all of the new programs and projects, L.A. Care staff is stressed. Management is addressing the potential for “burn out” and promoting work-life balance. Other health plans and medical systems are dealing with the same issues. One can imagine that the staff at DHCS is also working hard to implement all the new programs. ● Mr. Baackes referenced the written report included in the meeting materials. He noted that since starting the program three years ago, L.A. Care has made 183 grants under the Elevating the Safety Net (ESN) program, and 125 physicians have been hired and are in place with safety net providers. The eight new L.A. Care Scholars were introduced last 	

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	<p>month. Those eight students will attend medical school at Charles Drew University (CDU) and University of California, Los Angeles. Mr. Baackes and Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, attended a ceremony recently for the incoming class of 2025 at CDU, where the 28 students received their “white coats.” Mr. Baackes wished that Board Members had heard the introductory remarks by Dr. Carlisle, the President of CDU School of Medicine, by the Dean, and by a student representative who spoke on behalf of the class. They are all committed to graduating doctors who will work in the safety net of providers in Los Angeles County, and will work toward eliminating health disparities in the Black and Latino populations. This was the theme of the day, and it couldn’t have been more clear. In conversations with L.A. Care Scholars that day, it was evident that they are all committed to that. He has no doubt these doctors will work in Los Angeles County once they complete their residency programs.</p> <ul style="list-style-type: none"> • L.A. Care granted \$5 million from the ESN initiative to Keck Graduate Institute at Claremont Colleges. The first class of 22 students have been admitted to start this fall in the Community Medicine program. • L.A. Care is preparing for the enrollment of eligible undocumented residents aged 50 and older on May 1, 2022. <p>Board Member Gonzalez suggested that L.A. Care use bright colors on the envelope when sending the notice about the prescription carve out, to draw attention to the information so that members are more likely to open and read the notice. Mr. Baackes noted that notices mailed at 60 and 90 days will be sent by the Department of Managed Health Care (DMHC), and will likely be in white envelopes. L.A. Care will send a notice to members 30 days prior to the program launch on January 1, 2022, and those envelopes can be put in an envelope to attract attention so members will read the information.</p> <p>Board Member Gonzalez asked about the Cal MediConnect (CMC) program, and Mr. Baackes responded that the federal government administers the prescription drug program for CMC enrollees, so there will not be a change for those members. L.A. Care will continue to be responsible for prescription drugs in CMC, Covered California, and in the PASC-SEIU workers programs.</p> <p>Board Member Gonzalez asked about member input in the Dual Eligible Special Needs Plan (D-SNP) and CMC. Mr. Baackes indicated that the L.A. Care advisory committee for CMC will continue, with any modifications that may be required by the Centers for Medicare and Medicaid Services (CMS) as a D-SNP plan.</p>	

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	<p>Board Member Gonzalez asked Mr. Baackes to describe the housing navigation and tenancy support in the new ILOS program. Mr. Baackes commended Cynthia Carmona, <i>Senior Director of Safety Net Initiatives</i>, and her team for the tremendous job they have done in meeting the demands of the new ILOS benefit, and he asked her to comment on the programs in the ILOS program.</p> <p>Ms. Carmona noted that L.A. Care included housing navigation and tenancy support in the services it will offer under ILOS. L.A. Care will work with a network of providers for those services, a large portion of the services will be provided by Los Angeles County’s Housing for Health (HfH) program. HfH has an existing network through WPC, and as WPC beneficiaries transition to benefits under ILOS, L.A. Care will continue to partner with HfH in providing services to members. L.A. Care expects about 10,000 to be enrolled in housing navigation and tenancy support benefits when the programs launch on January 1, 2022, and L.A. Care will continue to provide for those who transition from HH and WPC. Housing navigation is to identify housing resources, and once a resource is identified and the beneficiary moves in, the tenancy support services program begins to support the beneficiary for an extended period.</p> <p>Board Member Gonzalez thanked Ms. Carmona for the information, and for all the work that goes into developing the program on a short timeline.</p> <p>Mr. Baackes added that in July, L.A. Care convened a focus group of ECAC members to help determine the programs and services that L.A. Care will provide under ILOS.</p> <p>Board Member Booth asked if Coordinated Care Initiative (CCI) beneficiaries would be transitioned into the D-SNP. Mr. Baackes responded that CCI is a program to provide Medicaid benefits for beneficiaries who are also eligible for Medicare. L.A. Care’s CCI members receive Medicare benefits through another source (either managed care or fee for service), but are enrolled with L.A. Care for the Medicaid managed care services. These beneficiaries are mostly in long term care and home health programs, which are not covered by Medicare. L.A. Care’s D-SNP program will begin on January 1, 2023.</p> <p>Board Member Booth asked about pharmacy programs for members with chronic conditions, such as diabetes. Dr. Seidman responded that for the most part, those programs will continue. L.A. Care has several different programs for medication therapy management, and it is actually required for the current dually eligible members and those in the D-SNP. L.A. Care also voluntarily offers several programs that improve health outcomes for members. It is known that health outcomes improve when pharmacists become part of the clinical care team and review medication regimens. L.A. Care has pharmacists working directly with clinic practices and see patients remotely or in the clinic, and they are licensed to prescribe independently under</p>	

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	<p>a collaborative care agreement with the physicians. L.A. Care will continue those voluntary programs using the pharmacy data available.</p> <p>Board Member Booth commented that it will be more complicated if the prescription has to go through the state administrator for pharmacy benefits. Dr. Seidman noted that the complication is in obtaining the pharmacy data in a timely manner for L.A. Care members from the state’s contracted pharmacy benefit manager (PBM) instead of from L.A. Care’s own contracted PBM. The process for prescribing and filling the prescription will not be different. Mr. Baackes noted that concerns by health plans about the potential delay in providing pharmacy data to health plans was raised to DHCS representatives, because it could impact managed care services provided by the health plans. L.A. Care currently receives “real time” data for the members from its PBM. The PBM selected by DHCS has informed plans that that will receive data once daily. Real time data is very important in managing health care, particularly for complex care members.</p> <p>Board Member Vaccaro thanked Ms. Carmona and her team, who have been a tremendous resource for Community Clinic Association of Los Angeles County (CCALAC). She commended them for their work in preparing for the implementation of CalAIM. Board Member Vaccaro noted that L.A. Care has an incredibly talented team and she is relieved and pleased to hear that L.A. Care management is making additional investments in the resources available to staff. CCALAC staff has also been challenged in working with health centers to implement CalAIM. Having fully staffed teams with resources to accomplish these tasks helps the community in preparing for CalAIM. She noted that Medi-Cal rates are quite lean, and it seems there will not be any increase even with the addition of CalAIM or alternative payment methodology (APM). There are additional expenses for providers of care during the pandemic. She asked if there was an opportunity for providers and health plans to work together to ensure that costs of care are adequately covered by Medi-Cal.</p> <p>Mr. Baackes noted that there will be additional funds for ECM and ILOS, but Medi-Cal base rates for hospitals or providers are not changing. Health plans that contract with Medi-Cal are taking on more administrative costs through the mandated new programs. Mr. Baackes stated he would be happy to work with providers and other organizations to advocate for increased rates. He noted that Elaine Batchlor, MD, <i>Chief Executive Officer, MLK Community Healthcare</i>, is an outstanding spokesperson about the consequences of not adequately funding Medi-Cal, which leads to “health care deserts” in areas throughout Los Angeles County where there are not an adequate number of providers of medical services for Medi-Cal members.</p>	

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	<p>Board Member Jimenez commented that over 500,000 undocumented people are enrolled in Medi-Cal in Los Angeles County, and her staff is working to determine how many of those members are over age 50 and will be automatically converted from limited scope coverage to full scope coverage. Besides that, she asked about projections for enrollment beyond those already enrolled in Medi-Cal.</p> <p>Phinney Ahn, <i>Executive Director, Medi-Cal</i>, responded that L.A. Care staff is gathering data from the California Health Interview Survey information for people who are undocumented, uninsured, and over 50 years of age in Los Angeles County, and estimated that the potential enrollment is 70-80,000 people. Applying the membership assumptions that are normally used to turn statewide or countywide data into an estimate for L.A. Care enrollment, approximately 50,000 new enrollees could choose L.A. Care as their Medi-Cal managed health care plan in Los Angeles County. Ms. Ahn offered to collaborate further with Los Angeles County Department of Public Social Services (DPSS) on these estimates. Board Member Jimenez asked if the estimated new enrollees are in addition to those currently enrolled for limited scope Medi-Cal benefits. Ms. Ahn clarified that the estimate for 50,000 new enrollees is in addition to those already enrolled, as the query to the data was for undocumented and uninsured.</p> <p>Board Member Jimenez has asked her staff to reach out to L.A. Care and Health Net regarding the vaccinated status of Medi-Cal members, which is very low at 42-43%. DPSS would like to collaborate with the health plans on a campaign to encourage Medi-Cal members to get the vaccine. Mr. Baackes noted that collaboration will fit well with the funding expected for the new vaccination incentive program. Mr. Baackes has also discussed collaboration to encourage vaccination with Board Member George Greene, who is CEO at the Hospital Association of Southern California (HASC). For L.A. Care members, it appears for those that are aged 12 and above, over 50% are vaccinated. The vaccination rate is better than the statewide rate for Medi-Cal members, but still 20% below the rate for the general population in Los Angeles County. L.A. Care is addressing that gap in vaccination rate between Medi-Cal members and the general population.</p> <p>Board Member Supervisor Mitchell has had the opportunity to talk with people who are doing the door-to-door outreach to encourage vaccination, and with the new vaccination incentive program funding she suggested using creative outreach strategies. There is an opportunity to understand the demographics of the target communities, and she encouraged getting input from local clinics, health promotoras and those who are currently going door-to door, in developing creative strategies for the outreach. Those who are currently conducting outreach are hearing the hesitancy rationale directly from the target communities. Board Member Supervisor Mitchell has conducted community town hall events, her staff has gathered input with</p>	

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	<p>community organizations, and even with her own 30-year history in community organizing, outreach and health advocacy, she has been surprised by some of the reasons people are hesitant to get the vaccine.</p> <p>Board Member Supervisor Mitchell noted that Dr. Batchlor wrote a painfully accurate and transparent article which was published in <i>The Atlantic</i>. (<i>A copy of the article can be obtained by contacting Board Services.</i>) Dr. Batchlor writes about vaccine hesitancy in her very personal experience with her mother, and about African Americans and the health care industry, raising the issue of insufficient Medi-Cal rates. Members of the public have addressed today's meeting on the role systemic racism plays in our ability to be healthy. This issue is front and center. If we cannot attract and reimburse providers who are willing to serve in the community and look like the people seeking care, we will continue to perpetuate that multi-generational experience. Some people have a knee jerk reaction to increasing reimbursement. Dr. Batchlor beautifully displays in this article why the lack of fair reimbursement impacts who a Medi-Cal provider is and the communities in which they serve.</p> <p>Board Member Supervisor Mitchell would not support L.A. Care using its resources for renter assistance until we have fully exhausted the funds government has made available. Funding is available in Los Angeles County through the federal CARES Act and through state-funded programs. There is 100% reimbursement to the tenant or landlord if you are eligible. Applications for assistance can be submitted to Housing is Key at https://housing.ca.gov/. She suggested making that information available to the consumer advisory committee members so eligible people can apply for the program. Outreach and information sharing is critical.</p> <p>Mr. Baackes thanked Board Member Supervisor Mitchell for her comments and he noted that he had read the article and has heard Dr. Batchlor speak, and that is why he suggested she is the most articulate advocate for an increase Medicaid funding. He shares the view that L.A. Care should not use its resources when there are other resources available for rental assistance, and the best thing to do is direct people to those available resources. The information can be provided to the consumer advisory committee members so they can help spread the word.</p> <p>Board Member Roybal noted that providers inform patients about Medi-Cal benefits available. He asked about L.A. Care's plans to inform Participating Physician Groups (PPG) about upcoming CalAIM benefits as a potential benefit for their patients enrolled through L.A. Care. He suggested using information about how L.A. Care is structuring the added benefits of CalAIM and the efficacy of L.A. Care's programs, to attract new members to the plan. Mr. Baackes noted that some providers at FQHC's have been Health Homes contractors and will be</p>	

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	<p>contractors under CalAIM. L.A. Care will communicate with providers through the normal apparatus.</p> <p>Chairperson De La Torre, on behalf of the Board, echoed Mr. Baackes' earlier concerns for staff. We are all working virtually while at home, the lines between work and personal life have blurred. People are at home all the time with electronic devices, constantly checking them well outside normal business hours. Add to that the demands of the pandemic within a health organization. He thanked the staff for managing through this difficult time, and asked that staff reach out if there is any need that the Board can address to help ease the burden. The Board appreciates everything that the staff is doing in the current environment. Mr. Baackes thanked Chairperson De La Torre for the recognition of the situation, it is very meaningful that the Board understands it.</p>	
<ul style="list-style-type: none"> • Vision 2024 	<p>Mr. Baackes reviewed Vision 2024, a new three-year strategic plan. The four strategic directions are the same that were introduced in 2015:</p> <ul style="list-style-type: none"> • High Performing Plan: Achieve operational excellence by improving health plan functionality. • High Quality Network: Support a robust provider network that offers access to high-quality, cost-efficient care. • Member Centric Care: Provide services and care that meet the broad health and social needs of our members. • Health Leader: Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change. <p>These are universal and timeless aspirations that L.A. Care has instituted, and no matter how well the organization performs, it will always strive to improve in each of these areas. The goals and tactics will change each year in the three-year plan. In 2015, L.A. Care was auto-adjudicating only 5% of claims, and today it auto-adjudicates more than 70% of claims. This improvement has helped providers, particularly the hospitals.</p> <p>Under the strategic direction of a high performing plan, achieving operational excellence by improving health plan functionality, tactics were defined in four areas:</p> <p>Information Technology (IT) systems</p> <ul style="list-style-type: none"> • IT systems for customer service, financial management, care management, provider data • Interoperability capabilities • Workforce 	

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	<p>Succession planning</p> <ul style="list-style-type: none"> • Diverse and inclusive workforce • Managed care acumen • Staff retention <p>Financial sustainability</p> <ul style="list-style-type: none"> • Administrative efficiency • Appropriate risk arrangements <p>Mature product lines</p> <ul style="list-style-type: none"> • D-SNP launch and transition • Membership recruitment and retention • Competitive network strategy <p>Mr. Baackes explained that the tactic for IT systems is represented by the big five initiatives which are reflected in the Capital Budget that is approved annually by the Board. These include the Voice of the Customer Initiative to improve customer service information technology, the SAP system for financial management, the inclusion of a new utilization management (UM), care management (CM) and authorization system. L.A. Care continues to make progress on and is committed to realizing these projects. The most visible to providers will be the Syntranet platform for UM and CM. The members will see improvement through the Voice of the Customer Initiative. He explained that Workforce tactics include succession planning and increasing the skillset of employees, and a tactic to achieve a diverse and inclusive workforce was added. James Kyle, MD, <i>Chief of Equity and Quality Medical Director</i>, is leading efforts for diversity and inclusion through the Equity Steering Committee, and an employee subcommittee was established for this effort. Financial sustainability is an important area as the collision of the pandemic and the economic recession created stress on L.A. Care's finances that is unequalled. Because of L.A. Care's strong financial position going into the pandemic, the organization was able to endure the crisis without diminishing payments to providers or reducing staffing. L.A. Care is rebuilding the reserves, and it is important to focus on financial sustainability and the reserves allow the plan to continue operating despite adverse circumstances. The D-SNP transition is well along, and L.A. Care is encouraging providers to participate in all products offered through L.A. Care: Medi-Cal, Medicare and the commercial product available through Covered California.</p> <p>The attribute of a high quality network, supporting a robust provider network that offers access to high-quality, cost-efficient care, includes the following tactics:</p>	

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	<p>Mature Direct Network</p> <ul style="list-style-type: none"> • Insource delegation functions • Scale up Direct Network and address gaps • Increase access to virtual care <p>Improved quality</p> <ul style="list-style-type: none"> • Improve ratings • Achieve NCQA Health Equity Distinction <p>Investments in safety net providers and practices</p> <ul style="list-style-type: none"> • Assist providers in adopting and using Health Information Technology • Practice coaching • Elevating the Safety Net • Community Health Investment Fund <p>Mr. Baackes noted that much of the work that has been done through the Value Initiative for IPA Performance (VIIP), which was developed to share with IPAs and their providers to show gaps in performance that indicate that the quality of care given to L.A. Care members needed improvement. Through Elevating the Safety Net (ESN), L.A. Care has seen improvement of about a 30-point increase in the average quality score of the IPAs. This is reflected in L.A. Care's accreditation rating from the National Committee on Quality Assurance (NCQA). L.A. Care's rating by NCQA had previously slipped by 16 points over six years but since ESN was implemented the score has improved by seven points and the Accreditation rating rose to Commendable from Accredited, with a goal to achieve an Excellent rating. The NCQA rating includes measures to understand the quality of care provided to the members. The data used for the VIIP includes results of surveys such as Healthcare Effectiveness Data Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS). L.A. Care will continue to invest in those and use them as tools to measure the quality of care given to L.A. Care members and the performance of the IPAs. The VIIP program has now been tied to pay for performance to link the results of the quality surveys to financial incentive payments for providers. L.A. Care's ESN program is way ahead of other health plans. Inland Empire Health Plan is the only other health plan to emulate the medical school scholarships program. L.A. Care's ESN five-year program will end in 2022 and will not have expended all of the funds authorized by the Board in 2018. The Board will discuss L.A. Care's support of this program and the level of resources it will invest in ESN at a future meeting.</p>	

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	<p>Mr. Baackes noted that the focus on Member Centric Care includes the idea that every member has unique requirements. L.A. Care identifies members with the highest needs, and CalAIM provides new tools and some resources to help address the needs of those members. A new high-touch care management system is being implemented. Prior to the pandemic, the new care management system included the deployment of nurse care managers and community health workers to the Community Resource Centers (CRCs). That deployment would place the resources in the community to encourage home visits or member participation in programs offered at the CRC. It was necessary to postpone the deployment because of the pandemic, and it will be restarted when it is safe to do so. This is an important distinction for L.A. Care. The Equity goal is new, and L.A. Care will identify and seek opportunities to reduce disparities for the members.</p> <p>L.A. Care has traditionally sought to maintain its position as a health care leader. L.A. Care will continue to support initiatives, like the CRCs, to provide resources in the community at no cost to people, regardless of membership in L.A. Care. Originally, the CRCs offered health education programs and exercise. The role of the CRCs has expanded to include L.A. Care member services and care management resources. L.A. Care is also taking a leading role in advocating that the public option be added as an amendment to the Affordable Care Act. L.A. Care is the only functioning public option in the United States. L.A. Care members in Medi-Cal who lose eligibility for Medi-Cal can still continue their health coverage through L.A. Care Covered (LACC), with premium cost assistance that mitigates the financial impact. In the seven years that L.A. Care has participated in the health benefit exchange, about 40,000 have transitioned between Medi-Cal and LACC. LACC has achieved the leading premium price point for the coming year, and this effectively has led to a reduction in premium cost among the health plans participating in Covered California in Los Angeles County.</p> <p>Mr. Baackes noted that the CRC in Inglewood was one of the smallest CRC sites and L.A. Care was not able to negotiate an extension when the lease recently expired. L.A. Care has leased a new site and the construction work has begun on that CRC. L.A. Care will have 14 CRCs by the end of 2022. The CRCs are a unique resource for the community, and L.A. Care plans to maximize use of the CRCs.</p> <p>Mr. Baackes noted that L.A. Care must screen members to identify social determinants that impact health status, and it can then help members enroll in programs to address those impacts. Mr. Baackes noted that L.A. Care's strategic directions are presented to inform the Board Members and does not need Board approval.</p>	

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	<p>Mr. Baackes announced that he has received notice that the vaccine incentive program presented to the DHCS yesterday has been approved. Ms. Ahn stated that L.A. Care staff will begin implementing the program, and will work to earn the rest of the incentive funds. Mr. Baackes commented that L.A. Care will incorporate the suggestions from Board Members Supervisor Mitchell, Jimenez and Greene to increase vaccination among Medi-Cal members.</p> <p>Mr. Baackes thanked Board Member Booth for her invaluable input during the planning for the strategic vision. Board Member Booth asked Chairperson De La Torre if it would be appropriate for the Board to conduct a vote of confidence. Chairperson De La Torre stated that it is appropriate to ask if there are any objections from Board Members.</p> <p>Board Member Curry noted that Mr. Baackes’ strategic vision is both inspirational and aspirational. He feels it is articulate in describing how L.A. Care needs to be, should be and wants to be. He praised the work done on the planning.</p> <p>Chairperson De La Torre commented that prior to the pandemic the Board emphasized access and quality of health care for members, and he feels those are reflected in Vision 2024.</p> <p>Mr. Baackes thanked Board Members for their support and noted that for the staff who worked on Vision 2024, all are committed to doing the best for members and providers.</p> <p>Board Member Gonzalez asked about L.A. Care’s direct network. She and Board Member Perez have mentioned a lack of providers in the Pomona and Lancaster areas. Members tell them how difficult it is to find doctors in those areas. She asked Mr. Baackes to describe how L.A. Care is working in those areas to attract additional resources to the network of health care providers for L.A. Care members.</p> <p>Mr. Baackes responded that L.A. Care initially focused on the provider network in the Antelope Valley and was able to significantly increase the number of providers in that area. He noted that there is still an insufficient number of providers, and L.A. Care continues to solicit quality health care providers to participate in the direct network. The ESN grant program has also funded a number of physician positions in the Antelope Valley. All the grant awards are tracked geographically using the Los Angeles County SPA map.</p> <p>L.A. Care has also addressed the need for more providers in the eastern San Gabriel Valley in response to member feedback. A third area where more providers are needed is south Los Angeles. Those are the three areas in Los Angeles County where health care deserts, a reference to the insufficient number of providers, have been identified. In terms of increasing the providers in the direct network, L.A. Care meets the requirements, but he acknowledged that more needs to be done to increase the numbers of providers in these areas. He also noted that</p>	

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	<p>for members of the PASC healthcare worker coverage, the network of providers is smaller than other L.A. Care programs due to unique challenges in the structure of the PASC coverage program. That is a special issue, and he will continue to advocate for expanding coverage options beyond just Department of Health Services sites and Citrus Valley IPA for PASC members.</p> <p>Board Member Gonzalez thanked Mr. Baackes for the information and noted that there also needs to be additional providers that speak other languages in the PASC provider network.</p> <p>Mr. Baackes acknowledged that L.A. Care is aware of requests for other languages in all product lines, and staff is working to address this very difficult issue. He noted that the L.A. Care Scholars are people of color, half are women, and many are bilingual, although it will be a few years before these students are practicing in the safety net.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p><i>Chairperson De La Torre referred Board Members to the written report included in the meeting materials.</i></p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p>Received via phone call on September 1, 2021, at 8:09 PM, by Elizabeth Cooper <i>Please provide an update on the COVID 19 Booster shot.</i></p> <p>Submitted via email, September 2, 2021, at 10:14 AM by Andria McFerson <i>Chair Del La Torre,</i> <i>There was a lack of communication to the public to give out necessary information and resources to the community of Region 6 we ended up not giving out many the items that we were supposed to give out due too obvious neglect but not from Dr Seidman or the CEO, from the director of the department that is supposed to carry out unprecedented work ethics. For the betterment of the People's Health in region 6 can we have better resources and proper communication to the public? How can we give life saving information and preventative care resources without a resource center? Also if the resource center is purposely taking out of that area or in the outskirts of Holly Mitchell's district in the near future and put farther away from our region how can we receive necessary information during these days and times where it is much needed?</i> <i>Can you please ask Dr Seidman to address the event he attended giving out resources for the Inglewood FRC today giving the board and the public and update on this Event that LA Care provided? Please?</i> <i>Thank you, Andria McFerson, RCAC 6</i></p>	

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	<p>Chairperson De La Torre stated that Mr. Baackes addressed the status of the Inglewood CRC.</p> <p>Dr. Seidman reported:</p> <ul style="list-style-type: none"> • He was at the event in Inglewood for several hours and he saw the enthusiasm and smiles, even though he couldn't see the kids' whole faces, but could see their eyes. The supplies that were distributed were well received. There was a relatively small supply of diapers to give away which went very quickly. Many of the people he talked with did not need the diapers in their household but they took them to give to people who did need them. • The COVID-19 booster shots have not yet been approved for the general public by the U.S. Food and Drug Administration (FDA), nor formally recommended by the Centers for Disease Control (CDC) Advisory Committee on Immunization Practice. The Biden Administration and the Surgeon General have stated that in the United States booster shots will be administered as early as September 20. The use of a booster shot for people who have received either the Pfizer or Moderna vaccines has not been formally approved by the FDA or recommended by the CDC. He advised that people wait for the formal approval by the CDC or FDA, as those agencies are charged in the health structure to make those recommendations. The Biden Administration have set the stage for the FDA and the CDC to act. • He recognized a new law in Texas, which makes abortions illegal after detection of a heartbeat, usually about six weeks from conception. A group of abortion providers in Texas asked the Supreme Court of the United States (SCOTUS) to take emergency action to put the new law on hold, and the SCOTUS voted 5-4 against taking any action, which allowed the new law to take effect on September 2. It represents a significant change as this is the first state action since Roe v. Wade to severely restrict abortion. This has potentially a significant impact on access to care for abortion services, and affects women's rights and the right to choose. It may disproportionately impact members such as those served by L.A. Care. <p>Mr. Baackes read a text sent to him from Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>: "The new Inglewood location is in the Crenshaw Imperial shopping center, which is two blocks away from the previous location. It will be completed in late November and will be more than twice the size as the previous site. The previous site was closed when the lease expired in April, to avoid excessive increases in month to month rent costs. Staff will provide an update when site construction is completed and when the new site will be open."</p>	

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	<p>Dr. Seidman referred to his written report (<i>a copy of his report can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • He stated he feels it is very difficult to get a sense of where things are with the pandemic. The answer depends on several things: where you happen to be in the world and where you are in a country, your socio-economic status, and your vaccination status. He appreciates the comments by Chairperson De La Torre and Mr. Baackes, and the many suggestions for improving vaccination rates. After about two months of increases in COVID-19 cases, hospitalizations and deaths, there appears to be a leveling off in those rates. There is a similar plateau in those rates nationally, but as case numbers are beginning to decrease in the deep South areas of the U.S., cases are increasing in the mid-West and mid-Atlantic regions. In Los Angeles County, there is good news as some declines occur in rates, case numbers and hospitalizations are stabilizing around 1,700 per day. The hospital delivery system is still significantly stressed, but not nearly as badly as during the last fall and winter surges. Case rates are increasing at the fastest rates among the unvaccinated children ages 5-11. For adolescents, now back in school along with some of the primary grade students, unvaccinated adolescents are more than eight times more likely to be infected with COVID-19 than vaccinated adolescents. The calls for increased vaccination as our most powerful tool are the most important. Schools have adopted multi-layered methods to reduce spread of COVID-19 in schools. They have found in most situations there is a single case at a school. Some schools have two or more cases and there are certainly schools that are reporting outbreaks of more than three cases at the school that are related in terms of where the virus was contracted. In some schools with small numbers of cases that are unrelated, the source of the virus was outside the school setting. In most schools, more than half of the cases were spread through sports activities. There are particular challenges in reducing the spread among teens working out together and competing against one another. The Department of Public Health is working with the schools to further reduce the spread of the virus in those sports settings. • L.A. Care is reporting over 145,000 cases and over 4,400 deaths among the members. • More than 1 million L.A. Care members, ages 12 and above, have received at least one dose of a COVID-19 vaccine. This equates to 55% of those eligible. The rate lags behind the rate of vaccination for Los Angeles County (76%) and California (75.5%). L.A. Care has tracked that 20% gap for several months. In California, other managed Medi-Cal plans have experienced similar gaps in the vaccination rate. L.A. Care welcomes the additional DHCS funding for increasing efforts to raise the vaccination rates, including incentives to offer to members to overcome vaccine hesitancy. He commended the work of Phinney Ahn and her team in developing the submission of L.A. Care's vaccine incentive program to DHCS. 	

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	<p>The incentive program builds upon the work that L.A. Care has been doing in partnership with many organizations since the vaccine became available. L.A. Care’s members are known to be at risk for being under immunized. Communication was broad and varied. Early on, L.A. Care questioned if the vaccine would be distributed equally by population or equitably based upon the projected impact of the disease. Los Angeles County has done very well in distributing and administering the vaccine in the areas hardest hit by the pandemic, and still there is 20% gap. L.A. Care’s plan submitted to DHCS leverages the work that has been done and will continue to do. Calls for additional creativity and additional partnerships in the vaccine incentive program are appreciated, and L.A. Care can do more than what is outlined in the plan. The plan is very broad and there is a robust communication aspect, leveraging the website and social media feeds, call, text and celebrity campaigns. The plan includes collaboration with various L.A. County departments including Public Health, Health Services and Public Social Services. Mr. Baackes earlier mentioned grants to address vaccine hesitancy. There were priority populations identified by DHCS: individuals that are homebound, ages 50-64 with multiple chronic conditions, adolescents and young adults aged 12-25, and people of color. L.A. Care will not limit the plan to those. The data shows that African Americans and Latinex communities are under vaccinated compared to other groups, and the lesser vaccinated geographic areas include the Antelope Valley, South Los Angeles, parts of East Los Angeles and the San Fernando Valley. The portion of members aged 12 and above who are partially vaccinated has increased from 51% to 55% in the past week. L.A. Care will continue to work hard to close that gap.</p> <p>Board Member Booth believes equity is important. There are three ways to eliminate inequity or disparity. One would be to lift up the lowest group, another would be to ignore the highest group and leave that group to get worse, or the inequity or disparity would be eliminated by the deaths of people with comorbidities. The last is not something that anyone would do. She noted that goals for people with diabetes include testing for hemoglobin A1c and regular checks of blood pressure. A goal for reducing disparities should be worded differently. Dr. Seidman noted that there will be opportunity for discussion of disparities later in the meeting. He acknowledged that there are several different ways to close a gap in a cohort relative to the overall number. Some organizations reduce disparity by changing the measures or method of measuring. L.A. Care’s overall approach and philosophy on quality improvement, population health and the reduction of disparities is that it is not an either/or proposition. The goal is to improve outcomes for L.A. Care’s members at large and across the board, while at the same time measuring to identify disparities and developing targeted programs on top of what we do to improve outcomes across the board. Those targeted programs are to improve outcomes</p>	

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	<p>where disparity was measured and identified, to bring that cohort with the disparate outcomes up to the overall performance. This is how L.A. Care approaches quality and disparity.</p> <p>Dr. Kyle added that the pervasiveness of disparities across a population and multiple populations is more than a mathematical difference, it is a marker of injustice and a marker of the impacts on communities that have been denied access to care and other social determinants of health. While L.A. Care is working to improve those numbers, there is also an effort to take a hard look at the underlying causes of disparities to address them as well. L.A. Care is trying to find ways to improve the lives and lifestyles of the members we serve. As a health plan, NCQA and other organizations measure incremental improvements. If we are not careful, we can get locked into incrementalism and not address the root cause. L.A. Care can be attentive to the mathematics, to the actual numeric disparities that we find in A1c or other things, but we also want to look at the larger picture and how we can address the underlying causes and create a world where disparities do not exist in the way that they exist today.</p> <p>Board Member Booth offered that the wording could be “work to identify and decrease disparities,” instead of “change the disparity in A1c levels and blood pressure.” Dr. Seidman thanked her for the suggestion, it is consistent with the approach taken by L.A. Care.</p> <p>Board Member Vaccaro was recently notified that Health Net is not planning to re-contract with Molina after re-procurement, and those enrolled in Medi-Cal would no longer use Molina providers. She asked if L.A. Care is planning for a potential loss of Molina’s providers to Medi-Cal patients in Los Angeles County and the impact to providers. Mr. Baackes responded that he met with Abbie Totten, the new CEO of Molina California, and this topic was discussed. It was agreed that a small workgroup would be formed with members from L.A. Care and Molina to discuss existing options. Mr. Baackes noted that any changes from the re-procurement would not be implemented until January 2024. He will continue to update Board Members regarding this topic.</p>	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	<p>Submitted via email, today at 9:47 AM by Andria McFerson</p> <p><i>Hello Chairperson De La Torre, Can the ECAC have more interactive communication for the opportunity to become a member of the BOG? We have not received the necessary information in order to know how to run for a seat let alone when the nomination seat is closed. Why have we not received the proper information and at this point how can we run? I want to make this a public comment for the record I do want to run for a BOG seat please</i></p>	

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	<p><i>give me the information on how to do so being that proper protocol was constricted I do still want a fair chance to do so.</i> <i>Thank you,</i> <i>Andria McFerson, CAC 6 CHAIR</i></p> <p>Mr. Baackes stated that the election was scheduled in 2020. The election process approved by ECAC members involves campaign visits by candidates to all the RCACs, and an event which brings all the RCAC members together to vote. During the pandemic, RCAC meetings are not being held, so the election process has been postponed until public gatherings are safe. When the public health officer in Los Angeles County advises that public gatherings are safe, the election process will resume. Information will be communicated to RCAC members from Board Services staff. The election will be held as soon as circumstances allow RCAC members to meet and everyone can participate and vote.</p> <p>Board Member Gonzalez reported:</p> <ul style="list-style-type: none"> • She sends condolences to all of the thousands of families that have lost someone due to COVID-19. • ECAC did not have a Committee meeting in August. The next ECAC meeting is on September 8. She announced that everyone is welcome to join the meeting. She noted that public comments can be submitted in writing. Minutes for the July ECAC meeting can be obtained by contacting the Community Outreach & Engagement staff (minutes are available on the L.A. Care website). • ECAC members participated in the L.A. Care Social Justice and Health Equity training on August 11. She thanked L.A. Care staff for making it possible. Dr. Kyle moderated a panel discussion with Nicole Vick, <i>Community Health Education Specialist</i>. Dr. Alberto Pimentel of Harvard College, led a discussion about health equity and social justice. This lively discussion was an opportunity to discuss health disparities and inequality within healthcare, and the correlation between social determinants of health. The panelists point out examples of disparities within lower income communities related to COVID-19, the digital divide and other socio economic issues faced by low income, less educated communities. The discussion touched on the impact of behavior, social environment, and physical environment that has an overall effect on the wellness of communities. Members learned how they can begin to use their voice to impact policies, interventions and access to health. RCAC and ECAC members had the opportunity to ask questions about ways they can continue to be involved. Participants were reminded that it will take all of us to be strong advocates if we are to begin solving issues of equity in our community. Board Member 	

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	<p>Gonzalez found the event very interesting. It reached the members at a level that they could understand and had a great impact on the members present.</p> <p>Board Member Perez thanked Board Member Gonzalez for her questions about benefits and how members can access resources and apply them to their daily lives in their finances and their well-being. She thanked her also for voicing the concerns of RCAC members.</p> <p>Board Member Perez asked for more information about the L.A. Care Scholars, because RCAC members wish to know who they are, where they come from and their background. RCAC meetings have not been held. Board Member Perez noted that she has seen videos on social media about the L.A. Care Scholars. She asked who at L.A. Care could answer questions from members about the L.A. Care Scholars. Mr. Baackes responded that his written report for the last Board Meeting had brief profiles of each of the L.A. Care Scholars. Board Member Perez asked if there could be a presentation by Mr. Oaxaca or Misty De Lamare, <i>Director, Communications</i>, regarding the communications process for events at FRCs and CRCs. She noted that events in Lynwood and Inglewood were not the only ones with lack of participation. A back to school event in Wilmington had a supply of backpacks that was much too small for the people who attended. People who came for a backpack had to be turned away as there were not enough. With all due respect to the staff at the FRCs and the CRCs, she would like the communications staff to present information about how information is provided, what efforts are behind the events, and how events are coordinated with NSA (L.A. Care’s event vendor). Board Member Perez believes this is a different way of doing things, and the communications department knows the areas for improvement. Board Member Perez invited Dr. Eakins at the Community Outreach & Engagement Department to report at a future meeting about the events for RCAC members. Board Member Perez mentioned some of the recent events: a Community Dialogue on August 11, a Health Equity Training: Why it Matters and How to Achieve It, on August 4, and a discussion of Black History Month. Board Member Perez would like Dr. Eakins to present information on the planning and how the issues are being addressed. Board Member Perez asked for reports on the Enrollee Advisory Committee. Chairperson De La Torre thanked Board Member Perez for her comments and questions, and he asked staff to follow through appropriately.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>Dr. Seidman reported that the members of the Children’s Health Consultant Advisory Committee met on August 17 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> • He presented the August 2021 Chief Medical Officer report. • Ms. Compartore gave a report on the 2021-2022 State Budget, with a focus on the funding to support the care of children and women. The budget includes \$4.4 billion over five years 	

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	<p>for Children and Youth Behavioral Health programs and services. There is a new doula benefit provided in the budget, about which not much is known yet beyond the criteria for which women will qualify and the conditions to qualify for the benefit.</p> <ul style="list-style-type: none"> The Committee approved the nomination of James Cruz, MD, the Interim Chief Medical Officer for Blue Shield Promise Health Plan, as member of the Children’s Health Consultant Advisory Committee (CHCAC), effective upon his acceptance of this position. 	
<p>Technical Advisory Committee</p>	<p>The Technical Advisory Committee (TAC) met on August 5 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> Mr. Baackes reported on the status of Medi-Cal redeterminations and provided highlights of the CalAIM program. Dr. Seidman gave an update from his Chief Medical Officer report. Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, presented information about L.A. Care’s 2024 Strategic Vision. There was a robust discussion by the committee and their input is seen throughout the presentation earlier today. <p>Board Member Perez noted that she is a member of CHCAC. She suggested that members of the CHCAC and TAC be invited occasionally to the Board of Governor’s meetings. Board Members would have the opportunity to meet them and they can learn what the Board does. Chairperson De La Torre thanked her for the suggestion. The Board meeting agendas are very full but there could be an opportunity in the future to hear a report on activities in each of the committees. Board Member Perez invited Board Members to attend the upcoming ECAC meeting.</p> <p>Chairperson De La Torre noted that members of the advisory committees are welcome to participate in the Board of Governor’s meetings. Board Member Perez announced that Board Member Shapiro is also a member of CHCAC.</p>	
BOARD COMMITTEE REPORTS		
<p>Executive Committee</p>	<p>The Executive Committee met on August 23. Motions reviewed and approved by the Committee were on the Consent Agenda today. (<i>A copy of approved meeting minutes can be obtained by contacting Board Services and will be available on the website.</i>)</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, referred Board Members to the document included in the meeting materials, and she reported:</p>	

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<ul style="list-style-type: none"> ○ May Revise – 2020-21 Budget ○ Legislative Matrix 	<ul style="list-style-type: none"> ● The Biden Administration has announced a 25% permanent increase in the monthly benefit for the Supplemental Nutrition Assistance Program (SNAP) on October 1, 2021. The temporary 15% increase during the pandemic will expire this month. The average increase will be approximately \$35. L.A. Care will conduct outreach and partnering with key organizations in Los Angeles County and encourage those who are eligible to sign up for SNAP benefits. ● The California Senate and Assembly Appropriations Committee met last week and took action on hundreds of bills before they head to the floor in their respective houses. This process weeds out many of the more expensive bills. Staff is monitoring 30 active bills that would have an impact on L.A. Care’s operational and strategic interests. The Legislators will spend the next two weeks in floor sessions in each house and hold final votes on bills that will move to the Governor’s desk to be signed in to law. The current legislative session will end on September 10. The Governor will have until October 10 to sign or veto bills. If the Governor takes no action, the bill will become law. <p>Ms. Compartore noted two bills of particular interest:</p> <ul style="list-style-type: none"> ● AB361 amends the Brown Act. At the beginning of the pandemic, the Governor signed Executive Orders, which amended the Brown Act provisions to allow flexibility for public agencies to meet remotely during the pandemic. The Executive Order will expire shortly. AB361 makes the flexibility provisions permanent, to apply whenever an emergency declaration is issued. ● SB316 allows Federally Qualified Health Centers and Rural Health Centers to receive payment when a patient attends two visits on the same day. Currently the clinics are not paid for more than one visit on the same day at the same location. This is the third or fourth time this bill has made its way through the legislature. Past bills have been vetoed by the Governor due to cost. L.A. Care is actively supporting passage of this bill, but it is not clear if it will become law. <p>There will be final report to the Board at the end of the legislative session.</p> <p>Chairperson De La Torre commented that this year each of the 120 members of the California Legislature could only bring 12 bills forward, because of the cumbersome nature of conducting legislative business in a pandemic. There was a smaller pool of legislation and there will be an even smaller number of bills that are signed into law. Once the pandemic ends, the legislative session that follows will likely see an increase in the number of bills to consider.</p>	

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<ul style="list-style-type: none"> • Authorization of Expenditures for the Provider Loan Repayment Program under the Elevating the Safety Net Initiative (EXE 101) 	<p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, summarized a motion to authorize expenditures for the Provider Loan Repayment Program (PLRP) under the ESN Initiative. To date, the investment in the PLRP totals \$18 million and 101 provider awards since launching the ESN initiative in the summer of 2018. The PLRP has experienced a 92% program retention rate with only nine providers no longer eligible for their award due to changes in employment status or completed payment of educational debt. The PLRP is currently administered by Uncommon Good. There are 12 providers awaiting approval.</p> <p>To continue the success of recruiting and retaining providers committed to practicing in L.A. County's safety net, our review committee would like to propose two expenditure requests for consideration:</p> <ol style="list-style-type: none"> 1. PLRP new grant of \$6 million to award between 30 and 60 new providers. The review committee requests approval of an additional \$6 million to award between 30 and 60 new providers who meet the eligibility criteria, including a three-year commitment to practice in L.A. County's safety net. As of August 16, 2021, twelve new providers have applied for award funds and are waiting for approval. 2. PLRP new grant of \$1.96 million to award up to 22 providers a two-year award extension. The review committee requests approval of an additional \$1.96 million to support 22 current awardees by offering extended loan repayment assistance for an additional two years. Awards extensions will be available for providers who have committed to practicing in L.A. County's safety net for at least three years under our PLRP. <p>The total budget request proposed under this board motion is \$7.96 million to expand and sustain awards under our PLRP starting in FY 2021-22 through FY 2024-25.</p> <p><u>Motion EXE 100.0921</u> To delegate authority to the Chief Executive Officer to:</p> <ol style="list-style-type: none"> 1. Approve and authorize an expenditure of \$6 million to award new providers who are eligible for Provider Loan Repayment Program award funds starting in FY 2021-22 through FY 2023-24. 2. Approve and authorize an expenditure of \$1.96 million to extend awards for 22 providers for an additional two years starting in FY 2021-22 through FY 2024-25. 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly Gonzalez, Mitchell, Perez, Roybal and Vaccaro) <i>Board Member Jimenez experienced technological difficulty and was not able to vote.</i></p>

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Finance & Budget Committee	<p>PUBLIC COMMENT</p> <p>Received via phone on September 1, 2021 at 8:09 PM, by Elizabeth Cooper <i>Thank you Mr. Curry for the presentation, as a concerned public person I hope you can always include in your budget full funding for community outreach and engagement department.</i></p> <p>Board Treasurer Robert Curry reported that the Committee met on August 23. (<i>Contact Board Services to obtain a copy of approved meeting minutes.</i>) The committee approved motions approved earlier today on the consent agenda, and approved a motion to amend a contract with Change Health Resources, LLC, for staff augmentation services through May 31, 2022. This motion does not require approval by the full Board.</p>	
<ul style="list-style-type: none"> • Chief Financial Officer Report • 9 + 3 Forecast Update 	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported:</p> <p><u>Membership</u> L.A. Care’s June 2021 membership is 2,429,174, which is 26,169 members favorable to the forecast and 97,000 member months favorable to the year-to-date (YTD) forecast. The suspension of Medi-Cal eligibility redeterminations continues to drive the membership favorability in June. The forecast assumed redeterminations will likely not restart prior to the end of the fiscal year and L.A. Care will continue to experience modest growth.</p> <p><u>Consolidated Financial Performance for June 2021</u> June 2021 results compared to the 3+9 forecast show a \$180,000 net deficit for the month, which is \$4.6 million favorable to the forecast. The favorability for the month is driven primarily by the operating margin, which is favorable by \$6 million.</p> <p><u>Consolidated Financial Performance YTD</u> YTD the net surplus is \$103 million; \$149 million favorable to the forecast which assumed a deficit. The overall favorability is driven primarily by lower than forecasted incurred claims of \$133 million. For the year-to–date financial performance, we have the significant impact in revenues and healthcare expenses due to the delay in the carve out of Medi-Cal pharmacy benefits. The financial impact for pharmacy was not included in the forecast.</p> <p><u>Consolidated Financial Perfomance 3+9 to 9+3 Forecast Comparison</u> The 3+9 forecast assumed a deficit of \$67 million as compared to a projected net surplus of \$136 million in the 9+3 Forecast. The improvement in net surplus of \$203million is driven by lower incurred claims of \$200 million. The significant increase in revenues and healthcare expenses is due to the delay in transitioning the pharmacy benefits program which was assumed</p>	

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	<p>to take effect in April in our 3+9 Forecast. Overall administrative expense for 9+3 Forecast decreased by \$1 million compared to the 3+9 Forecast. However, excluding the Navitus administrative expenses for both forecasts, administrative expense is actually lower by \$12 million in 9+3 forecast due to lower spending in Purchased Services, Professional Fees and Business Fees.</p> <p><u>Variance Walk 3+9 Forecast and 9+3 Forecast</u> The original budgeted deficit was \$169 million. The 3+9 Forecast deficit was \$67 million and the 9+3 Forecast is projected to be at a \$136 million surplus. The favorable impact from the pharmacy benefit is included for the full fiscal year. The most significant favorable item is \$172 million in incurred claims. This is the main driver for a net surplus position. The medical costs drivers steering committee has been meeting bi-monthly and is focused on needed improvements to healthcare costs, including fee for service and capitation rates, changing risk arrangements and improvements in overpayment recoveries. Shared risk members moving to dual risk increases capitation expense by \$40.2 million and contributes to incurred claims favorability. The unfavorable \$10.6 million shared risk relates mainly to the level of incurred claims for LACC and CMC. Lower incurred claims for 2020 increases the shared risk expenses. For LACC, the final risk adjustment factor (RAF) score improved to .80 for calendar 2020 and that improved the revenue, pushing further into a medical loss ratio (MLR) rebate position of \$9.7 million. The updated RAF carries forward into the CY 2021 RAF estimates. The administrative expense is close to \$12 million favorable excluding the Navitus fees for the pharmacy benefits program.</p> <p><u>Motion FIN 104.0921</u> To accept the Financial Report for June 2021, as submitted.</p>	<p><i>Please see below for the vote on FIN 104.</i></p>
<ul style="list-style-type: none"> FY 2021-22 Capital and Operating Budget 	<p><i>Board Members may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of such issues. In order to expedite the process, those Board Members' vote on the Budget reflects a vote concerning the entire budget excluding those items for which the member is abstaining, as identified:</i></p> <p><u>Board Members Ballesteros, Curry, Ghal, Roybal, and Shapiro</u> <i>Community Programs (excluding Community Clinic Program) / (SCOPE) Plan</i></p> <p><u>Board Members Ballesteros, Shapiro and Vaccaro</u> <i>Provider Recruitment Program, Residency Support Program, and Community Clinic Program</i></p> <p><u>Board Member Perez</u> <i>Health Promoters/Promotoras Program</i></p>	

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	<p><u>FY 2021-22 Budget</u></p> <p><u>Membership Trend</u></p> <ul style="list-style-type: none"> • FY 2019-20. The decline in membership from the previous fiscal year was expected to continue to accelerate until March 2020, when the pandemic hit. The monthly Medi-Cal eligibility redetermination process was suspended, leading to a steady increase in membership. • FY 2021-22. The suspension of Medi-Cal eligibility redeterminations continues to drive an increase in membership through the first nine months of the fiscal year. That increase is projected to continue through the end of the fiscal year • FY 2021-22. Expected a slow restart of the redetermination process in January 2022. Projecting a 5% annual decrease in Medi-Cal membership spread out over the remainder of the fiscal year. <p><u>Membership 2021-22 Projections</u></p> <ul style="list-style-type: none"> • The projected net membership loss for FY 2021-22 is expected to be 54,000 members or 2.21%, with member months growing approximately 695,000 or 2.43%. • Medi-Cal membership is projected to drop beginning in January 2022 by 5% annually (0.42% per month) through end of the fiscal year. It is expected the monthly Medi-Cal eligibility redeterminations will restart and the redeterminations that were delayed will be processed gradually over the course of the year. No assumptions were included for enrollment for undocumented ages 50 and older. Updates to the forecast will include those related changes. • LACC & CMC membership projections are modeled to include member retention and new enrollment, driven by enhanced subsidies and broker support. LACC's membership is projected to result in a net enrollment (retained and new) increase to 100,000 members during the open enrollment period. This is an opportunity for growth, as LACC is currently priced in the #1 position for all metal tiers in both regions within L.A. County. CMC assumes a small increase in membership. <p>Board Member Booth asked about estimated enrollment in LACC by people who may lose Medi-Cal coverage. Ms. Montgomery responded that the assumption is for a steady state, and she noted that members who become ineligible for Medi-Cal can enroll in LACC.</p> <ul style="list-style-type: none"> • PASC-SEIU projections assume a flat growth in membership. <p><u>FY 2021-22 Budget Assumptions</u></p>	

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	<ul style="list-style-type: none"> • The budget does not include revenue, healthcare expenses and administrative costs for CalAIM programs (Enhanced Care Management (ECM), In Lieu of Services (ILOS) and Major Organ Transplant). The financial impact from CalAIM and other initiatives will be provided in a future forecast. • As part of the revised forecast staffing levels will be based on the results of the HMA administrative benchmark project. • Pharmacy benefits carve-out for Medi-Cal will be effective January 1, 2022, with significant reduction in revenue and healthcare expense for Medi-Cal, including Plan Partners. <p><u>FY 2020-21 9+3 Forecast vs FY 2021-22 Budget</u> A \$9 million decrease in the operating margin is projected through 2021-22, which includes the revenue decrease and healthcare costs decrease driven primarily by the pharmacy carve-out.</p> <p>The FY 2021-22 Budget projects a net surplus of \$91 million; a \$45 million decrease from the 9+3 Forecast. A new ratio was included: Margin before Non-Operating Income/Expense, and it is projected to be stable at 1.7%. The Budget assumes a decrease in interest income due to the lower interest rate environment.</p> <p><u>FY 2021-22 Budget Rate Assumptions</u></p> <ul style="list-style-type: none"> • CY 2021-22 Medi-Cal Classic Rates: DHCS rates for CY 2021 were used and assume a 3% rate increase across all categories of aid for CY 2022. • Medi-Cal CCI Duals (Non CMC): Final DHCS rates for CY 2021 were used without the pharmacy component and the pandemic Skilled Nursing Facility 10% rate increase, and an increase in the remaining rate by 3% for CY 2022. • CMC: The current rate levels were projected to FY 2021-22 and assumed Medicare revenue will increase 2.5% in CY 2022 • LACC: The revenue is based on the CY 2021 rates and the CY 2022 rates submitted to Covered California. <p><u>FY 2021-22 Paid vs Reported Trends</u> The FY 2021-22 budget is based on the six months pre-pandemic cost levels. The Budget projections blend pre-pandemic cost levels with current financial results. If there is a significant increase in claims due to a post-COVID utilization resurgence as a result of pent up demand for services, the budget assumptions may not be sufficient and may be updated.</p> <p><u>FY 2021-22 Shared Risk & Provider Incentive Assumptions</u> The shared risk expense was increased for the upcoming fiscal year. The shared risk surpluses more recently are generated through LACC and CMC. The Provider Incentive Budget is fairly</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>consistent but it includes the Behavioral Health Initiative incentive for participating provider groups.</p> <p><u>FY 2021-22 Administrative Expenses Assumptions</u> Overall administrative expense for FY 2021-22 Budget increased by \$3 million compared to 9+3 Forecast because there will be three months' Navitus expense in the FY 2021-22 Budget compared to 9 months in the 9+3 Forecast. Excluding the Navitus expense, total administrative expense is increased by \$18.3 million. Administrative cost is lower on a pmpm basis, however, the administrative ratio increases due to the revenue decrease.</p> <p><u>Community Programs</u> The budgeted amounts for the grant programs are higher than the current fiscal year. The increases are in spending for Elevating the Safety Net and the Community Resource Centers for L.A. Care and Blue Shield Promise.</p> <p><u>Operating Margin by Segment</u> Overall MCR decreases from 93.5% to 93.1%.</p> <ul style="list-style-type: none"> • Plan Partners – MCR projected to stay fairly flat from 96.1% to 96.4%. • SPD/CCI – MCR decreases from 93.5 to 89.0%. • TANF/MCE – MCR increases from 94.1% to 95.3%. • CMC – MCR stays flat from 90.0% to 90.9%. • Commercial – MCR increases from 77.3% to 82.4%. The Budget assumes LACC continues at an MCR that puts it close to the MLR floor level. <p><u>Risks and Opportunities</u> Claims trends can either be an opportunity or a risk. L.A. Care could see continued improvement including re-contracting and recoveries, or deterioration due to pent up demand. L.A. Care could see better rates than assumed and better than expected membership, particularly in LACC, and improved administrative efficiency due to technology enhancements.</p> <p>The retroactive institutional member reclassification is a risk. . This could be a risk or an opportunity depending on the approach DHCS takes. The In Home Supportive Services final reconciliation and the CCI risk corridor relating to the 2014 to 2016 period are still to be finalized.</p> <p><u>Key Initiatives in the 2021-22 Budget</u></p> <ul style="list-style-type: none"> • Planning and preparation for the various CalAIM programs 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Enhanced Care Management (ECM) rates are expected at the end of September. Health Homes and Whole Person Care will transition to ECM on January 1, 2022. • L.A. Care has selected four In-Lieu of Services to offer for January 1, 2022 • Expecting to receive the allocation for incentives budgeted at \$600 million per year over a 2.5-year period. The incentives will be focused on funding priority areas including delivery system infrastructure, ECM and ILOS provider capacity building, ILOS take-up and quality • Major Organ Transplant transition to managed care January 1, 2022 • Planning and preparation for CMC transition to D-SNP <p><u>Balance Sheet</u> The total fund equity is estimated to be over \$1.1 billion at the end of September 2022. Board Designated funds of \$102 million are projected at the end of the current fiscal year. In the Workforce Development Initiative of Elevating the Safety Net, the final \$31 million will be designated for fiscal year 2021-22. Grants from Blue Shield are included as Board Designated funds.</p> <p><u>Tangible Net Equity (TNE)</u> TNE forecast is based on the 9+3 forecast surplus of \$136 million. Using June actuals, the September 2021 projection is 520% of TNE and 42 days of cash on-hand, and any additional improvement to surplus or reduction to healthcare expenses will further increase the percentage. The projection for the FYE 2021-22 is 621% and 49 days of cash on-hand.</p> <p><u>Key Capital Projects FY 2021-22</u> The capital projects budget is comparable to the prior year's budget. The major components are:</p> <ul style="list-style-type: none"> • Leasehold improvements are primarily related to the CRC buildouts. • In the implementation of SAP, the premium billing and disbursements phases have been completed. Focus is now on the automation of the Medi-Cal revenue, which is a very significant phase. L.A. Care will also focus on accounts payable, the general ledger and financial reporting phases. Budgeting and forecasting, and procurement will follow according to the roadmap from IT. <p>Acacia Reed, <i>Chief Operating Officer</i>, presented the Key Capital Projects for FY 2021-22. In prior years, there was a focus on the five pillar programs to improve operational efficiencies or improve compliance within existing operations. In the next fiscal year, many of those pillar programs continue as L.A. Care seeks innovation and improvement:</p> <p>CalAIM</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care’s implementation of the Department of Health Care Services (DHCS) program to improve the quality outcomes and drive delivery system transformation through value based initiatives, modernization of systems, and payment reform.</p> <p>Care Catalyst – New Health Services Clinical System A multi-year program focused on replacing the existing Care Management platform (Clinical Care Advance – CCA) to effectively, and efficiently, manage the workflows, data integration, analytics, and reporting for all core functions within L.A. Care’s Health Services organization.</p> <p>CMS Interoperability Mandate A CMS mandate that introduces new policies designed to expand access to health information, and facilitate the seamless exchange of data. L.A. Care is creating technical infrastructure to enable and support members and providers to use API based technologies.</p> <p>DSNP Product Launch Involves the launch of a Dual Eligible Special Needs Plan (D-SNP) product for CY2023 in response to DHCS requirement to transition CMC and CCI to a statewide Managed Long-Term Services and Support (MLTSS) and D-SNP structure. The goal is to provide dually eligible beneficiaries with quality integrated care that supports care coordination.</p> <p>Encounters & Risk Adjustment / EDIFECS Leverage and extend the new EDIFECS encounter platform to more effectively manage and report risk adjustment data for CMC (Medicare) and LACC (commercial) product lines. QNXT Insourcing is a multi-stage initiative to more efficiently host core system to realize significant cost savings in hosting and management. L.A. Care IT staff will gain greater flexibility in release management, maintenance schedules, and in development of functionality.</p> <p>Oracle Upgrade To ensure security and robust functionality, this initiative is to upgrade L.A. Care’s Oracle database infrastructure and extend the life of the asset.</p> <p>Provider Roadmap A multi-year program focused on improving L.A. Care’s provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes.</p> <p>QNXT Insourcing A multi-stage initiative to more efficiently host core system (QNXT) to realize significant cost savings in hosting and management. L.A. Care IT staff will gain greater</p>	<p>Motions FIN 104 and FIN 105 were unanimously approved simultaneously by roll call. For motion FIN 105, Board Members Curry, Ghaly, Perez Roybal, Shapiro, and Vaccaro</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>flexibility in release management, maintenance schedules, and development of functionality.</p> <p>SAP/ERP – Finance System Continued implementation of a new enterprise financial management platform to enable streamlined, and scalable, business functions including procurement, accounts payable, premium billing, recoveries, reconciliations, budgeting & forecasting, and financial reporting. The Premium Billing and Claims Disbursement/Recoveries phases have been completed.</p> <p>VOICE Program A multi-year customer service infrastructure program enhancing systems, tools, and processes that transform the way L.A. Care’s members and providers navigate and find information, including self-service options.</p> <p><u>Motion FIN 105.0921</u> To approve the Fiscal Year 2021-22 Operating and Capital Budget, as submitted.</p>	<p>considered not to be voting on the sections of the Budget for which there might be a potential financial conflict of interest. 9 AYES (Booth, Curry, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Roybal and Vaccaro) <i>Board Members Ballesteros and Jimenez experienced technical difficulty and were not able to vote.</i></p>
<ul style="list-style-type: none"> • Monthly Investments Transactions Report 	<p>Ms. Montgomery referred to the investment transactions report included in the meeting materials. <i>(Contact Board Services to obtain a copy of the report.)</i> L.A. Care's total investment market value as of June 30, 2021 was \$1.7 billion.</p> <ul style="list-style-type: none"> • \$1.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$72 million in Local Agency Investment Fund • \$201 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> • Quarterly Internal Policy Reports 	<p>Ms. Montgomery referred to the 3rd Quarter Expenditure Reports required by L.A. Care Internal Policies for the FY 2020-21, included in the meeting materials. <i>(A copy of the reports can be obtained by contacting Board Services).</i> L.A. Care’s internal policies require reports on all expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items only, and do not require approval.</p> <ul style="list-style-type: none"> • Policy AFS-004 (Non-Travel Expense Report) • Policy AFS-027 (Travel Expense Report) • Policy AFS-006 (Authorization and Approval Limits) • Policy AFS-007 (Procurement) 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Compliance and Quality Committee</p>	<p>PUBLIC COMMENT</p> <p>Received via voice mail, Sept 1, 1:16 pm, Anonymous</p> <p><i>Your Compliance Department is continually out of compliance. You've been notified this through grievances when people can get them through. And, as you see on your minutes that are on this agenda, that many people have said that you guys are covering up the grievances. This has been an ongoing problem. Grievances are not responded to, if they are, they are late, the response is irrelevant. You guys sent out letters saying, that are very vague which have been audited by the DHCS for repeatedly. A grievance letter saying regarding your expressed dissatisfaction, very vague, and that's exactly what a grievance is, isn't it? This is nonsense. Respond to the grievances, actually read them, and actually dissect them and address them, and resolve them, so that we can get our health care. Because you guys are blocking us from our healthcare, which you are getting paid. Stop gas lighting us. You are violating HIPPA rights, you're violating patient rights, you're violating ADA rights. Unbelievable.</i></p> <p>Submitted via email, today at 12:01 AM by Andria McFerson</p> <p><i>Chair Del La Torre, We need a class available to members of the public to teach all people including seniors and people with disabilities to use the virtual world maybe perhaps in coherence with other companies that may already offer these free resources. With the COVID-19 impact and the impacts of many other of diseases can there be a plan to teach members how to have virtual doctor appointments and do necessary things like order food online. This definitely entails better compliance and quality with LA Care and also a very substantial positive impact towards people with chronic conditions along with so many others. Actually limiting person to person contact more people will attend their necessary doctor's appointments saving many lives and implementing better preventative care. If this has already been done can we have access to this information at the RCAC meeting and to the general public. Thank You, Andria McFerson</i></p> <p>Chairperson De La Torre noted that the points are well-taken as the move toward telehealth continues. For the other issues raised, he suggested that information be distributed to the advisory committee members.</p> <p>Committee Chairperson Booth reported that the Committee met on August 19 (<i>Contact Board Services to obtain a copy of approved meeting minutes</i>).</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Dr. Seidman gave the August 2021 Chief Medical Officer report. He provided an update earlier today. • Thomas Mendez, <i>Director, Quality Performance Informatics</i>, presented the 2020 HEDIS Results. • Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented information from the August 2021 Chief Compliance Officer report. <p>The Committee received information on:</p> <ul style="list-style-type: none"> • Enterprise wide monitoring program, • Disaster recovery, • Risk Assessment Report and • Key Performance Indicators. <p>She reminded Board Members that notices will be distributed soon for the annual compliance requirements which will need to be completed by Board Members by November.</p>	
Audit Committee	<p>PUBLIC COMMENT</p> <p>Received via voice mail, September 1, 2021 at 2:57 pm, Anonymous</p> <p><i>Regarding the Audit Committee, if you guys are going to audit things, audit the grievances. Oftentimes we can't get a grievance in, not because of the reps, but because of your grievance and appeals department. They are non responsive. They do not respond appropriately. It is ridiculous. Audit the grievances that have been filed by the clients. I see in the minutes that many people have echoed other people's grievances about not being responded to. About the ridiculousness of the responses. Of the problems that keep going on. And yet, your audit committee apparently has not audited you guys so that you can see where the problems lie. But if you look at grievances, you would see where your problems lie. Part of it is the lies that are being spread around to us, the clients. Refusing to give us information, refusing to give us services, requiring us to jump through hoops that we don't have to and shouldn't have to jump through, which are violations of many regulations, which are keeping us from getting our medical care. But you are still receiving the money</i></p> <p>Committee Chairperson Ballesteros reported that the Audit Committee met on July 30 to discuss the Deloitte & Touche Audit Plan for FY 2020-21 (<i>contact Board Services to obtain a copy of approved meeting minutes or meeting materials</i>).</p> <ul style="list-style-type: none"> • The Board previously delegated authority to the Audit Committee for overseeing the work of our external independent financial audit firm. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • The Committee approved staff's recommendation to continue the engagement with Deloitte. • Deloitte & Touche presented the Audit Plan for FY 2020-21. (Contact Board Services to obtain a copy of the plan.) <ul style="list-style-type: none"> ○ Last year's audit went smoothly. Deloitte was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures in claims and other medical expenses and increased use of data analytics and other audit technology. ○ Annual debrief/assessment sessions were held on the prior year's engagement with L.A. Care management and staff. ○ Deloitte adapted the audit plan to changes within L.A. Care and the macroeconomic environment which considered the impact of COVID-19 events during the preliminary risk assessment. ○ Deloitte evaluated market conditions, prior year results, and company specific considerations as well potential changes in response to COVID-19 to continue to perform the iterative risk assessment procedures. ○ Deloitte will implement additional procedures to save time and improve quality such as recreating triangles using technology. • 2021 Proposed Audit Fee is \$398,000, excluding expenses. • The Committee approved Deloitte's proposed audit plan for FY 2020-21. 	
PUBLIC COMMENT on Closed Session Items	Submitted via email, September 2, 2021 at 11:28 AM by Andria McFerson <i>Chair Del La Torre,</i> <i>Can we please offer a class to teach all people including seniors and people with disabilities to use the virtual world maybe perhaps in coherence with other companies that may already offer these resources. With the COVID-19 impact and the impacts of many other of disease can there be a plan to teach members how to have virtual doctor appointments and do necessary things like order food online. This would be would be a very substantial positive impact towards people with chronic conditions and so many others to actually limit person to person contact. If this has already been done can we have access to this information to the RCAC's and the general public.</i> <i>Thank You,</i> <i>Andria McFerson</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 12:28 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning new Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>September 2023</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act <i>Long Beach Memorial Medical Center et al v. L.A. Care Health Plan</i> - AAA Case No. 012000002356 <i>Prime Healthcare Services- Alvarado LLC et al. v. Local Initiative Health Authority for Los Angeles County</i> – Case No. 21STC1751 <i>Prime Healthcare Services- Alvarado LLC et al. v. Local Initiative Health Authority for Los Angeles County</i> – JAMS No. 1220069752</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Tom MacDougall, Chief Information & Technology Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential cases</p>	
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 1:59 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 2:02 pm.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning new Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>September 2023</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 3:28 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 3:28 p.m.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III*
Victor Rodriguez, *Board Specialist II*

APPROVED BY:

Layla Gonzalez, *Board Secretary*
Date Signed _____

APPROVED

Board of Governors

Special Meeting Minutes #301

September 27, 2021

L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017



Members

Hector De La Torre, *Chairperson*
 Alvaro Ballesteros, MBA, *Vice Chairperson*
 Robert H. Curry, *Treasurer*
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Christina R. Ghaly, MD
 George W. Greene, Esq.

Antonia Jimenez
 Honorable Holly J. Mitchell *
 Hilda Perez
 G. Michael Roybal, MD, MPH
 Ilan Shapiro, MD *
 Nina Vaccaro, MPH

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief Human Resources Officer*
 Linda Greenfeld, *Chief Product Officer*
 Augustavia Haydel, *General Counsel*
 Linda Greenfeld, *Chief Product Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 Acacia Reed, *Chief Operating Officer*

All via teleconference

**Absent*

California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 2:06 p.m. the regular meetings of L.A. Care Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors regular meetings were held simultaneously.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. Board Members have received in writing the voice messages and written comments that were sent before the meeting. Comments sent before and during the meeting will be read for up to three minutes before the item is considered. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Submission of public comment must be sent before public comment period for an item.</p> <p>For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p>	

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING AGENDA	<p>The agenda was approved as submitted.</p> <p><i>(Board Member Al Ballesteros joined the meeting.)</i></p>	<p>Unanimously approved by roll call. 10 AYES (Booth, Curry, De La Torre, Ghaly Gonzalez, Greene, Jimenez, Perez, Roybal and Vaccaro)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	
CONSENT AGENDA ITEMS	<ul style="list-style-type: none"> • I Color Printing and Mailing Contract Amendment <u>Motion FIN 100.0921*</u> To authorize staff to amend contract to increase funds in the amount of \$1.3 million for a new total not to exceed amount \$2,295,000 with I Color Printing and Mailing Inc. to provide L.A. Care MPSS Premium Billing Unit with printing, storage, postage/ mailing, reporting, and order fulfillment services through June 30, 2023. • Cognizant Contract Amendment for Salesforce Software Development Services <u>Motion FIN 101.0921*</u> To authorize staff to amend the existing contract with Cognizant for an additional \$948,069 (total contract not to exceed \$5,323,069) for continued Salesforce implementation activities through March 31, 2022. • Information Technology Staff Augmentation Services Contract Amendment <u>Motion FIN 102.0921*</u> To authorize staff to amend contracts with Cognizant, HCL, Infosys Limited, and Solugenix to increase funds by \$2,700,000 (total not to exceed of \$11,254,348) for Information Technology staff augmentation services through March 31, 2022. • Infosys Limited Contract Amendment for Quality Assurance and Testing Services <u>Motion FIN 103.0921*</u> To authorize staff to contract with Infosys Limited in an amount not to exceed a total of \$8,000,000 for Information Technology quality assurance and testing services for three years. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly Gonzalez, Greene, Jimenez, Perez, Roybal and Vaccaro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Alchemy Communications, Inc. Contract Amendment <u>Motion FIN 104.0921*</u> To authorize staff to add sufficient funds to the Alchemy Communication Inc. data center purchase order to pay our current service contract through to the end of the service agreement in February 2022 in an amount not to exceed \$400,000 for a grand total not to exceed amount of \$3,844,282. 	
CHAIRPERSON'S REPORT	Chairperson De La Torre noted that nominations for Board Officers is open and he encouraged Board Members to send nominations to Board Services.	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported that L.A. Care lost a long-tenured member of its community advisory committees. Ms. Dove Pinkney joined the advisory committee in January of 2000 and served 21 years. She was a member of Regional Community Advisory Committee (RCAC) Region 6. She passed away on June 30, almost at her 90th year. Ms. Pinkney was an active member and an advocate for her community. She attended many Board meetings. She was very vocal about improving access to healthcare for her community and ensuring that the RCAC members voices are heard. Mr. Baackes spoke with her on many occasions. She was a very gracious lady and she will be missed. The Board of Governors held a moment of silence in her memory.</p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> The financial position of L.A. Care has moved in a positive direction, due in part to a reexamination of operations to find efficiencies which resulted in reorganization and streamlining in many departments. This is a continuing endeavor, not a one-time event, as demands upon managed health care are constantly changing, and with California Advancing & Innovating Medi-Cal (CalAIM) there will be more changes in striving for continuous quality improvement in staffing and operations in looking for opportunities for efficiency. A second contributor is the movement toward full-risk contracts with many hospitals. This required an agreement between an independent physician association (IPA) and the hospital so that the members of the IPA determine a capitation payment to the hospitals. This reduces risk for L.A. Care, increases cash flow for the hospital and is generally a good move for all. Since last year, tens of thousands of members are in these arrangements, which are yielding savings reflected in the financial reports. Both factors inform future prioritization of business activities. These are continuous quality improvement in staffing and finding contracting opportunities that improve the contract for L.A. Care and for the participating providers. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • L.A. Care announced that COVID-19 vaccine will be mandated for all employees for a return to the office, now planned for January 2022. This was announced after Labor Day for public facing employees, and it will now apply to all employees. There will be limited exceptions for religious or health reasons. A survey was conducted in May which indicated about 20% of L.A. Care employees did not intend to be vaccinated, but that number may be lower now. The announcement for the mandate has been favorably received. • L.A. Care also encourages health plan members to be vaccinated. L.A. Care has received approval of its plan for participating in California’s fund of \$350 million for a vaccine incentive program. \$100 million is set aside for incentive gift cards. There are 56% of L.A. Care’s vaccine eligible members who have received a vaccine, which is 20% lower than the vaccine rate for Los Angeles County as a whole. L.A. Care is looking at a variety of ways to encourage members to get the vaccine. L.A. Care’s membership consists of a large number of low-income Black and Latino families. Those demographics have been shown to have suffered more from COVID-19 than the general population. Latinos in particular are infected, hospitalized and have died at three times the rate of the general population. L.A. Care is working to protect the health of its members by convincing them to get the COVID-19 vaccine. L.A. Care has mandated the vaccine for its employees to protect their health and set an example for the community. • L.A. Care continues to prepare to support CalAIM as more information becomes available, and has worked with other health plans in California to improve the program. There was a material improvement in the rates for the new program because of the feedback submitted by managed care health plans. The current Whole Person Care and Health homes programs will be terminated on December 31, 2021, and L.A. Care is working to ensure that the members currently in those programs will continue to receive needed health benefits in the new programs under CalAIM on January 1, 2022. • Mr. Baackes was interviewed by the Los Angeles Business Journal and it will be featured in the October 1 issue. <p>Board Member Booth asked about the timing for vaccination for employees returning to work. Mr. Baackes responded that employees in public-facing positions were provided 30 days to get the vaccine. It is hoped that employees who have not yet returned to the office will get the vaccine before they return to the office. L.A. Care is preparing to receive the vaccine information before January 1, 2022. Employees who have not gotten a vaccine prior to returning to work must have a negative COVID test during an initial period of time, but ultimately it is expected that all employees will be vaccinated.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Curry noted that hospital workers are required to have a vaccine, although there will be legitimate declinations of the vaccine for medical and religious reasons. He asked about alternatives to returning to work for those granted an exception to the mandate, such as wearing an N95 mask, for participating in the work place.</p> <p>Mr. Baackes noted that accomodations will be made for those with exemptions. Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, added that there will be weekly testing required for those coming into the office with an exemption from the vaccine mandate, as well as masks. Masks are currently required in Los Angeles County regardless of vaccination status. If those requirements change at the County level, L.A. Care will adapt requirements for those returning to work in the office.</p> <p>Board Member Curry noted that hospitals are required to test workers with an exemption from the vaccine mandate twice a week. Dr. Seidman indicated that L.A. Care will continue to follow recommendations from public health officials. He noted that health care workers may have a higher risk in the health care setting.</p> <p>Board Member Booth suggested that as the vaccine is now approved and employees could get the vaccine in the next three months. Mr. Baackes noted that L.A. Care will continue to update its process for the vaccine mandate.</p> <p>Board Member Perez thanked Mr. Baackes for honoring Ms. Pinkney. She announced that Nesima Istrefi also passed away. Ms. Istrefi was Chairperson of the Coordinated Care Initiative Council 4, and died on August 8. Members are honored for their commitment to the well-being of their community. Advisory Committee members work hard to ensure all members have access to excellent medical services.</p>	
PUBLIC COMMENT on Closed Session Items	<p>There was no public comment.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting was adjourned, and the L.A. Care Board of Governors adjourned to closed session at 2:20 pm. Augustavia J. Haydel, <i>General Counsel</i>, announced the following items to be discussed in closed session.</p> <p>CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act One potential case</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential cases	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 2:56 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 2:56 p.m.	

Respectfully submitted by:
 Linda Merkens, *Senior Manager, Board Services*
 Malou Balones, *Board Specialist III*
 Victor Rodriguez, *Board Specialist II*

APPROVED BY:

 Layla Gonzalez, *Board Secretary*
 Date Signed _____

APPROVED



Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. BOG 101.1121

Committee:

Chairperson: Hector De La Torre

Issue: Approval of revision to 2022 schedule of meetings for the Board of Governors and Committees.

Background: The schedule is revised to moving the September 26, 2022 Finance & Budget and Executive Committee meetings to September 19, 2022 due to religious holiday.

Member Impact: Public input is welcome at all Board and Committee meetings.

Budget Impact: None.

Motion: To approve the revised 2022 Board of Governors and Committees meeting schedule as submitted.

2022 Regular Board and Committee Meeting schedule

BoG: Board of Governors, meets at 2:00 for approximately 3 hours, and meets all day in September for strategic discussion

C&Q: Compliance and Quality Committee, meets at 2:00 p.m. for approximately 2 hours

Exec: Executive Committee meets at 2:00 p.m. for approximately 90 minutes

F&B: Finance & Budget Committee meets at 1:00 p.m. for approximately 60 minutes

CHCAC: Children’s Health Consultant Advisory Committee meets at 8:30 a.m. for approximately 2 hours

ECAC: Executive Community Advisory Committee meets at 10:00 a.m. for approximately 2 hours

TAC: Technical Advisory Committee meeting schedule to be determined

JPA and LACH: Joint Powers Authority and L.A. Care Community Health Plan meet concurrently with a BoG meeting

Meetings are usually held at 1055 West 7th Street, 1st Floor, Los Angeles, CA 90017

Except where *offsite* meetings are indicated below or if a different address is posted on the meeting agenda.

<p><u>January 2022</u> <i>No Board meeting</i> 1/12 – ECAC 1/20 – C&Q 1/18 – CHCAC 1/24 –F&B, Exec TBD – Audit, TAC</p>	<p><u>February 2022</u> 2/3 – BoG 2/9 - ECAC 2/28 –F&B, Exec</p>	<p><u>March 2022</u> 3/3 BoG (tentative) 3/9 – ECAC 3/15 – CHCAC 3/17 - C&Q 3/28 – F&B, Exec TBD – GOV</p>
<p><u>April 2022</u> 4/7 – BoG 4/13 - ECAC 4/25 – F&B, Exec TBD - TAC</p>	<p><u>May 2022</u> 5/5 – BoG 5/11 – ECAC 5/17 – CHCAC 5/19 – C&Q 5/23 – F&B, Exec</p>	<p><u>June 2022</u> 6/2 – BoG (<i>offsite</i>)* 6/8 - ECAC 6/27 – F&B, Exec</p>
<p><u>July 2022</u> <i>No BoG Committee Meetings</i> 7/28 – BOG</p>	<p><u>August 2022</u> <i>No Board meeting</i> 8/10 - ECAC 8/16 – CHCAC 8/18 – C&Q 8/22 – F&B, Exec TBD – Audit, TAC</p>	<p><u>September 2022</u> 9/1 – BoG (<i>offsite all day retreat</i>)* 9/14 - ECAC 9/15 – C&Q 9/19 - F&B, Exec* <i>*Due to religious holiday</i> 9/20 – CHCAC TBD –GOV</p>
<p><u>October 2022</u> 10/6 BoG (tentative) 10/12 - ECAC 10/24 - F&B, Exec TBD - TAC</p>	<p><u>November 2022</u> 11/3 – BoG 11/9 – ECAC 11/14 - F&B, Exec* <i>*Due to Thanksgiving holiday</i> 11/15 – CHCAC 11/17 – C&Q</p>	<p><u>December 2022</u> 12/1 – BoG 12/14 – ECAC <i>No other meetings</i></p>

*Offsite locations are tentative



Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. EXE 100.1121

Committee: Executive

Chairperson: Hector De La Torre

Issue: Request to ratify execution of Amendment A33 to L.A. Care's Medi-Cal Contract (04-36069), and to ratify execution of Amendment A15 to L.A. Care's Hyde Contract (Contract No. 03-75799) with the California Department of Health Care Services (DHCS), by L.A. Care Chief Executive Officer, John Baackes.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted**

Background: L.A. Care received Amendment A33 and Amendment A15 from DHCS on October 1, 2021 with a request that it be reviewed, signed, and returned to DHCS by October 15, 2021. Amendment A33 modifies the contract term of the primary Medi-Cal Agreement and Amendment A15 modifies the contract term of the Hyde Agreement. Effective dates for both contracts are extended to December 31, 2022.

Member Impact: There is no member impact.

Budget Impact: There is no impact to 2021-22 budget.

Motion: **To ratify execution of Amendment A33 to Contract 04-36069, and to ratify execution of Amendment A15 to Contract 03-75799, between L.A. Care Health Plan and the California Department of Health Care Services, by L.A. Care Chief Executive Officer, John Baackes.**

V. Exhibit E, Attachment 2, PROGRAM TERMS AND CONDITIONS, is amended to read:

11. Term

- A. The Contract will become effective April 1, 2005, and will continue in full force and effect through ~~December 31, 2021~~ **December 31, 2022** subject to the provisions of Exhibit B, Provision 1. Budget Contingency Clause, the Centers for Medicare and Medicaid Services waiver approval, and Exhibit D(F), Provision 3. Federal Contract Funds.

VI. All rights, duties, obligations and liabilities of the parties hereto otherwise remain unchanged.

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213A_DHCS (Rev. 06/16)

Check here if additional pages are added: 1 Page(s)

Agreement Number 04-36069	Amendment Number A33
Registration Number:	

1. This Agreement is entered into between the State Agency and Contractor named below:

State Agency's Name Department of Health Care Services	(Also known as DHCS, CDHS, DHS or the State)
Contractor's Name L.A. Care Health Plan	(Also referred to as Contractor)
2. The term of this Agreement is: **April 1, 2005 through December 31, 2022**
3. The maximum amount of this **Budget Act Line Items**
 Agreement after this amendment is: **4260-601-0912 and 4260-601-0555**
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - I. **Amendment effective date:** December 31, 2021 or until approved by DGS (if DGS approval is required).
 - II. **Purpose of amendment:** It extends the contract term to December 31, 2022. DHCS is obtaining a continuation of the services identified in the original agreement.
 - III. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
 - IV. Paragraph 2 (term) on the face of the original STD 213 is amended to read: April 1, 2005 through ~~December 31, 2021~~ **December 31, 2022**. All references to the former contract term of April 1, 2005 through December 31, 2021 in any exhibit incorporated into this agreement are hereinafter deemed to read April 1, 2005 through December 31, 2022.

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) L.A. Care Health Plan		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing John Baackes, Chief Executive Officer		
Address 1055 West 7th Street, 10th Floor Los Angeles, CA 90017		
STATE OF CALIFORNIA		
Agency Name Department of Health Care Services		<input checked="" type="checkbox"/> Exempt per: W&I Code Section 14087.55(c)
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Michelle Retke, Chief Managed Care Operations Division		
Address 1501 Capitol Avenue, MS 4415, P.O. Box 997413 Sacramento, CA 95899-7413		

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD. 213A_DHCS (Rev. 06/16)

Check here if additional pages are added: Page(s)

Agreement Number 03-75799	Amendment Number A15
Registration Number:	

- This Agreement is entered into between the State Agency and Contractor named below:

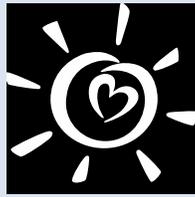
State Agency's Name Department of Health Care Services	(Also known as DHCS, CDHS, DHS or the State)
Contractor's Name L.A. Care Health Plan	(Also referred to as Contractor)
- The term of this Agreement is: **August 1, 2003 through December 31, 2022**
- The maximum amount of this **Budget Act Line Items**
 Agreement after this amendment is: **4260-601-0912 and 4260-601-0555**
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - Amendment effective date:** December 31, 2021 or until approved by DGS (if DGS approval is required).
 - Purpose of amendment:** It extends the contract term to December 31, 2022. DHCS is obtaining a continuation of the services identified in the original agreement.
 - Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).
 - Paragraph 2 (term) on the face of the original STD 213 is amended to read: August 1, 2003 through ~~December 31, 2021~~ **December 31, 2022**. All references to the former contract term of August 1, 2003 through December 31, 2021 in any exhibit incorporated into this agreement are hereinafter deemed to read August 1, 2003 through December 31, 2022.

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) L.A. Care Health Plan		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing John Baackes, Chief Executive Officer		
Address 1055 West 7th Street, 10th Floor Los Angeles, CA 90017		
STATE OF CALIFORNIA		
Agency Name Department of Health Care Services		<input checked="" type="checkbox"/> Exempt per: W&I Code Section 14087.55(c)
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Michelle Retke, Chief Managed Care Operations Division		
Address 1501 Capitol Avenue, MS 4415, P.O. Box 997413 Sacramento, CA 95899-7413		



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. FIN 100.1121

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: Approve Accounting & Financial Services Policies AFS-008 (Annual Investments) and AFS-027 (Travel Expenses)

Background: On an annual basis, L.A. Care's Financial policies are brought to the Board for review, updates and approval. This year, we are bringing two policies to the Board for review which have minor updates to the policies. A summary of these policies is provided below:

AFS-008: Annual Investments

- Policy aligns requirements for investments to the CA Government Code and directs Board to provide oversight.
- The Policy increases the percentage ownership limit of the overall portfolio of the total bonds from a single issuer for Commercial Paper, Corporates, Supranational Obligations, but still well below the limit allowed by the CA Government Code.
- The Policy allows for negative interest rate on US Government securities as per CA Government Code.
- The Policy is updated to reflect SEC Rule 144A expanded definition of accredited investor to include government entities, which allows us to buy Rule 144A securities.
- Minor updates

AFS-027: Travel Expenses:

- Policy defines approvals and appropriate expenses related to travel.
- The Policy is updated with reference to the new telecommuting policy HR-220 in the References section as well as section 4.5 "Pre-employment and Telecommuting Travel".
- Minor updates

Member Impact: This action will not directly affect L.A. Care members.

Budget Impact: None

Motion: To approve the following Accounting & Financial Services Policies as attached:

- **AFS-008 (Annual Investments)**
- **AFS-027 (Travel Expenses)**



ANNUAL INVESTMENT POLICY

AFS-008

DEPARTMENT ACCOUNTING AND FINANCIAL SERVICES

Supersedes Policy Number(s)

DATES

Effective Date	1/1/1996	Review Date	10/26/2020 10/25/2021	Next Annual Review Date	10/25/2021 10/25/2022
Legal Review Date	10/23/2020 10/11/2021	Committee Review Date	10/26/2020 10/25/2021		

LINES OF BUSINESS

- Cal MediConnect
 L.A. Care Covered
 L.A. Care Covered Direct
 MCLA
 PASC-SEIU Plan
 Internal Operations

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

- PP – Mandated
 PP – Non-Mandated
 PPGs/IPA
 Hospitals
 Specialty Health Plans
 Directly Contracted Providers
 Ancillaries
 Other External Entities

ACCOUNTABILITY MATRIX

Finance and Accounting Services	AFS-008		

ATTACHMENTS

➤ N/A

ELECTRONICALLY APPROVED BY THE FOLLOWING

	OFFICER	DIRECTOR
NAME	Marie Montgomery	Angela Bergman
DEPARTMENT	Finance Services	Accounting and Finance Services
TITLE	Chief Financial Officer	Controller

**AUTHORITIES**

- Government Code of Regulations (CCR), §§53600-53609 and 53646
- Title 31, Code of Federal Regulations (CFR), §§306.1 et seq. and 350.0 et seq.
- L.A. Care Conflict of Interest Code
- L.A. Care Code of Conduct
- California Health & Safety Code §§1346(a)(11), 1375.1, and 1376
- Knox Keene Health Care Service Plan Act of 1975, Ch. 2.2, §1340 et seq. of Div. 3 of the Health & Safety Code, including the Rules of the DMHC

REFERENCES

- NA

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
<u>10/25/21</u>	<u>Annual review</u>
10/26/20	Annual review (adding Public bank debt and obligations (Government code section 53601(r))
11/7/19	Annual review
11/1/18	Annual review
10/5/17	Annual review
4/6/2017	Revision; primarily clarification of existing government code sections
11/3/2016	Annual review
11/05/2015	Annual review; primarily format changes
09/11/2014	Annual review
02/28/2013	Annual review; primarily format changes
04/01/2012	Annual review; primarily format changes
01/01/1996	New Policy

1.0 OVERVIEW:

- 1.1** To establish the investment guidelines for all operating funds and Board designated reserve funds of L.A. Care Health Plan (L.A. Care) invested on and after November 1, 2020~~1~~. The objective is to ensure L.A. Care's funds are prudently invested in compliance with applicable requirements and according to the Board of Governors' objectives to preserve capital, provide necessary liquidity, and to achieve a market average rate of return through economic cycles.



- 1.2 This Policy only applies to L.A. Care's investment funds. The Policy does not include retirement, retiree health care savings/trust/plan(s), or deferred compensation plans.

2.0 **DEFINITIONS:**

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

- 2.1 **Agent:** An independent third party acting for the Custodian. The Investment Manager may act as Agent.
- 2.2 **Approved NRSRO:** Approved NRSROs consists of the following NRSROs: 1) Standard and Poor's, 2) Moody's, and 3) Fitch Ratings.
- 2.3 **Bankers' Acceptance:** Time drafts which a bank "accepts" as its financial responsibility as a part of trade finance process.
- 2.4 **Commercial Paper:** Unsecured promissory notes issued by companies and government entities at a discount.
- 2.5 **Credit Risk:** The risk of principal loss due to the failure of the issuer of the security.
- 2.6 **Custodian:** A financial institution that holds securities for the benefit of L.A. Care and has legal responsibility for those securities.
- 2.7 **Delivery vs. Payment:** A settlement system that stipulates that payment for security must be made at the time the security is delivered to the purchaser or purchaser's agent.
- 2.8 **Diversification:** The reduction of risk by investing in a variety of assets which ensures that a portfolio is not concentrated in securities of any one type, industry, or entity.
- 2.9 **Federal Agencies and U.S. Government Sponsored Enterprises:** Investments which are obligations, participations, and other instruments of, or issued by, a federal agency or a United States government sponsored enterprise, including instruments issued by, or fully guaranteed as to principal and interest by the issuers.
- 2.10 **Floating Rate Securities:** Securities that provide for the automatic adjustments of its interest rate whenever a specified interest rate changes.
- 2.11 **Government Pooled Funds:** Funds of various governmental agencies that are pooled together for investment purposes.



- 2.12 Investment Manager:** An individual designated by the Chief Financial Officer (CFO) to manage all or any part of the investment portfolio.
- 2.13 Liquidity:** The ability to convert an asset into cash quickly.
- 2.14 London Interbank Offered Rate (LIBOR):** The average interest rate that leading banks in London charge when lending to other banks and used as a benchmark for Finance.
- 2.15 Market Risk:** The risk of market value fluctuations due to economic change in the interest rate markets.
- 2.16 Maturity:** The stated final date at which the principal of the security must be paid, or the unconditional put option date, if the security contains such a provision.
- 2.17 Medium Term Maturity Corporate Securities:** Notes issued by a corporation organized and operating within the United States or by depository institutions licensed by the United States, or by any state and are operating within the United States.
- 2.18 Money Markets:** A component of financial markets for assets involved in short-term borrowing and lending with original maturities of one year or shorter time frames.
- 2.19 Mortgage or Asset Backed Securities:** Securities whereby cash flow from the mortgages, receivables and other assets underlying the security are passed-through as principal and interest payments to the investor.
- 2.20 Mutual Funds:** A type of professionally managed investment scheme which pools money from many investors.
- 2.21 Nationally Recognized Statistical Rating Organization (NRSRO):** A credit rating agency that issues credit ratings that the U.S. Securities and Exchange Commission (SEC) permits other financial firms to use for certain regulatory purposes. The SEC's Office of Credit Ratings administers the SEC's rules relating to NRSROs, in addition to performing various other functions with respect to NRSROs.
- 2.22 Negotiable Certificates of Deposit/Time Deposits:** A negotiable receipt for a time deposit at a bank or other financial institution for a fixed time and interest rate.
- 2.23 Public bank:** A corporation, organized under the Nonprofit Mutual Benefit Corporation Law or the Nonprofit Public Benefit Corporation Law for the purpose of engaging in the commercial banking business or industrial banking business, that is wholly owned by a local agency, local agencies, or a joint powers authority formed pursuant to the Joint Exercise of Powers Act that is composed only of local agencies.



- 2.24 Repurchase Agreements:** A purchase of securities under simultaneous agreement to sell these securities back at a fixed price on some future date.
- 2.25 State of California and Local Agency Obligations:** Registered state warrants, treasury notes or bonds of the State of California and bonds, notes and warrants or other evidence of indebtedness of any local agency of the state including bonds payable solely out of the revenue from a revenue producing property owned, controlled, or operated by the State or local agency or by a department, board, agency, or authority of the State or local agency.
- 2.26 Term:** The remaining time to Maturity when the asset is purchased.
- 2.27 U.S. Treasuries:** Direct obligations of the United States government and securities which are fully and unconditionally guaranteed as to the timely payment of principal and interest by the full faith and credit of the United States.
- 2.28 Variable Rate Securities:** Securities that provide for the automatic establishment of a new interest rate on set dates.

3.0 POLICY:

3.1 General

Investment of funds may only be made as authorized by this policy, which conforms to California Government Code (the Code) §53600 et seq., and complies with §1346(a)(11) and §1375.1 et seq. of the California Health & Safety Code, specifically §1376, related to the operations of L.A. Care as a health care service plan licensed pursuant to Health and Safety Code Section 1340, et. seq. and engaged in Medi-Cal, Medicare, and other programs, as well as to customary standards of prudent investment management. Should the provisions of the Code become more restrictive than those contained herein, such provisions will be considered immediately, incorporated into this policy, and appropriately adopted by the Board of Governors and L.A. Care management.

3.2 Investment Objectives

In accordance with the regulations cited herein, L.A. Care's primary annual investment objectives are in order of priority as follows:

3.2.1 Safety and Preservation of Capital

Each investment transaction shall seek to ensure that the capital losses are avoided due to market erosion of security value and institutional default or broker-dealer default. L.A. Care shall seek to preserve capital by mitigating the two types of risk, Credit Risk and Market Risk, as follows:



3.2.1.1 Credit Risk will be mitigated through diversification of the investment portfolio.

3.2.1.2 Market Risk will be mitigated by matching Maturity dates to coincide, as much as possible, with L.A. Care's cash flow requirements. It is explicitly recognized herein, however, that in a diversified portfolio, occasional capital losses are inevitable and must be considered within the context of the overall investment return.

3.2.2 Liquidity and Flexibility

The portfolio investments need to be comprised of investments for which there is a secondary market and which offer the flexibility to be sold at any time at prevailing market values with minimal risk of loss of principal and interest.

3.2.3 Total Return

L.A. Care's portfolio will be designed to achieve a market average rate of return similar to other authorized instruments and securities which have similar security, maturities and levels of risk.

3.3 Authority to Invest

3.3.1 The CFO shall have the authority to invest L.A. Care funds and manage the investment portfolio. Such authority is derived by order from the Board of Governors.

3.3.2 The CFO may designate an Investment Manager(s) to manage all or such portions of L.A. Care's funds as the CFO shall determine from time to time. Such Investment Manager(s) shall be subject to this policy and investment guidelines and any directions provided by the CFO. The CFO will be responsible for all actions undertaken and shall establish a system on internal controls to regulate the activities of subordinate officials, including the Investment Manager(s). Additional information regarding Investment Manager(s) can be found in Paragraph 3.6.

3.3.3 No person may engage in an investment transaction except as provided herein and in the procedures established by the CFO and/or Board of Governors.

3.4 Prudence

L.A. Care's Board of Governors, CFO, and persons authorized to make investment decisions on behalf of L.A. Care are trustees and fiduciaries subject to the Prudent Investor Standard, defined as follows:



3.4.1 The Prudent Investor Standard, as defined in Government Code §53600.3, requires that when investment officials are investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing funds on behalf of L.A. Care, the investment officials shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of L.A. Care that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of L.A. Care. The Prudent Investor Standard shall be applied in the context of managing an overall portfolio.

3.4.2 L.A. Care's investment trustees and fiduciaries as mentioned in Paragraph 3.4 acting in accordance with this policy and any applicable written procedures shall be relieved of personal responsibility for an individual security's credit risk or market risk.

3.5 Ethics and Conflict of Interest

3.5.1 L.A. Care's officers and employees involved in the investment process or having authority or influence over such activities are not permitted to have any material financial interests in financial institutions that conduct business with L.A. Care, and they are not permitted to have any personal financial investment holdings that could be materially related to the performance of L.A. Care's investments.

3.5.2 L.A. Care officers and employees involved in the investment of funds will follow applicable compliance policies related to disclosure of potential conflicts to the extent the personal business activity or material financial interest is one capable of being known.

3.6 Investment Manager

3.6.1 Any designated Investment Manager(s) shall be a fiduciary subject to the Prudent Investor Standard in **Section 3.4.1** with respect to the funds under management.

If outside professional investment management firms are engaged, such firms must be registered investment advisors with the U.S. Security Exchange Commission (the "SEC"), or be appropriately exempt from registration under the SEC Investment Advisers Act of 1940, as amended.

3.6.2 The CFO will:



- 3.6.2.1** Evaluate candidates for the role of Investment Manager(s). The selected candidates will be reviewed and approved by the Chief Executive Officer (CEO), and Finance and Budget Committee and the Board of Governors.
- 3.6.2.2** Obtain certification from outside Investment Managers that they will purchase securities from broker-dealers (other than themselves) or financial institutions in compliance with Government Code Section 53601.5 and the Annual Investment Policy.
- 3.6.2.3** Provide all Investment Manager(s) with a copy of the Annual Investment Policy which will be included in the Investment Manager’s contract.
- 3.6.2.4** Establish and review the targeted average maturities periodically with the Investment Manager(s).
- 3.6.2.5** Review the investment diversification and portfolio performance monthly to ensure that the Investment Manager’s compliance with this policy, risk levels and returns are reasonable, and that investments are diversified according to the policy.
- 3.6.2.6** Investigate any investment made by the Investment Manager(s) which is not authorized by the policy for possible cause for termination of contract.

3.7 Authorized Investments

3.7.1 Maturity and Term

All investments are subject to a maximum five (5) year Maturity or Term.

3.7.2 Eligible Instruments

L.A. Care’s Policy is to invest in the high quality instruments as permitted by the Government Code, subject to the limitations of **the Annual Investment Policy**.

3.7.3 U.S. Treasuries (Government Code Section 53601(b))

<i>Types of US Treasuries</i>	<i>Description</i>
Treasury Bills	3 months, 6 months, and one year securities and traded at a discount.



	<u>3 months, 6 months, and one year securities and traded at a premium or at par value are allowed until 1/1/2026.</u>
Treasury Notes and Bonds	Interest bearing instruments issued with maturities of 2 to 5 years. <u>Non--interest bearing and negative interest rate instruments issued with maturities of 2 to 5 years are allowed until 1/1/2026.</u>
Treasury STRIPS	US Treasury securities that have been separated into their component parts of principal and interest payments and recorded as such in the Federal Reserve book-entry record keeping system.
US Treasury coupon and principal STRIPS	These are not to be considered to be derivatives for the purpose of the Annual Investment Policy and are permitted investments.

3.7.3.1 Maximum Term: Five (5) Years

3.7.4 Federal Agencies and US Government Sponsored Enterprises (Government Code Section 53601(f))

3.7.4.1 These are U.S. Government related organizations, the largest of which are federal intermediaries assisting credit markets, and are often simply referred to as “Agencies.” Any Federal Agency and U.S. Government Sponsored Enterprise security not specifically listed below is not a permitted investment instrument.

“Agencies” are limited to:

Federal Agriculture Mortgage Association	FRMDN
Federal Home Loan Banks	FHLB
Federal Home Loan Mortgage Corporation	FHLMC
Federal National Mortgage Association	FNMA
Federal Farm Credit Banks	FFCB
Student Loan Marketing Association	SLMA
Government National Mortgage Association	GNMA
Small Business Administration	SBA
Export-Import Bank of the United States	Ex-Im Bank
U.S. Maritime Administration	MARAD



U.S. Department of Housing and Urban Developments	HUD
Tennessee Valley Authority	TVA

3.7.4.2 Maximum Term: Five (5) Years

3.7.5 State of California and Local Agency Obligations (Government Code Sections 53601(a), (c), (e))

3.7.5.1 Such obligations must be rated A-1, P-1, or equivalent or better short term; or /A-, or equivalent or better long term, by an Approved NRSRO. Public agency bonds issued for private purposes (industrial development bonds) are specifically excluded as permitted investments.

3.7.5.2 Maximum Term: Five (5) Years

3.7.6 Other States' Obligations (Government Code Section 53601(d))

3.7.6.1 Other states' obligations are permitted provided that:

3.7.6.1.1 Registered treasury notes or bonds of any of the other 49 states in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other 49 states, in addition to California. However, ownership of out of state local agency bonds is not allowed.

3.7.6.1.2 Such obligations must be rated A-1, P-1, or equivalent or better short term; or A- /A3, or equivalent or better long term, by an Approved NRSRO.

3.7.6.2 Maximum Term: Five (5) Years

3.7.7 Bankers' Acceptances (BA) (Government Code Section 53601(g))

3.7.7.1 These short term notes are sold at a discount, and are obligations of the drawer (the bank's trade finance client) as well as the bank. Once accepted, the bank is irrevocably obligated to pay the BA upon Maturity if the drawer does not pay.

3.7.7.2 Eligible Bankers' Acceptances are Bankers' Acceptances that are eligible for purchase by the Federal Reserve System, and



3.7.7.3 Drawn on and accepted by a bank rated F1 or better by Fitch, or are rated A-1 for short-term deposits by Standard and Poor's or P-1 for short-term deposits by Moody's.

3.7.7.4 No more than five percent (5%) of L.A. Care's investment funds may be invested in any one commercial bank.

3.7.7.5 Maximum Term: 180 days

3.7.8 Commercial Paper (Government Code Section 53601(h))

3.7.8.1 Commercial Paper is negotiable, although it is usually held to Maturity. The maximum Maturity is 270 days with most Commercial Paper issued for terms of less than 30 days.

3.7.8.2 Investments in Commercial Paper must be:

3.7.8.2.1 Rated A-1, or equivalent, or higher by an Approved NRSRO.

3.7.8.2.2 Issued by corporations rated A-3, or equivalent, or higher by an Approved NRSRO on long term debt, if any, and

3.7.8.2.3 Issued by U.S. corporations or non-U.S. corporations organized and operating within the United States and having total assets in excess of five hundred million dollars (\$500,000,000).

3.7.8.2.4 Asset backed Commercial Paper issued by special purpose vehicles (structure investment vehicles) are prohibited.

3.7.8.3 L.A. Care's investment funds may not be used to purchase more than ten percent (10%) of the outstanding Commercial Paper issued by any single issuer.

3.7.8.3.3.7.8.4 Represent no more than 5% of the portfolio for both Medium Term Maturity Corporate Securities and Commercial Paper combined of any one corporate issuer.

3.7.8.4.3.7.8.5 Maximum Term: 270 days

3.7.9 Negotiable Certificates of Deposit (CD) (Government Code Section 53601(i))



3.7.9.1 Negotiable Certificates of Deposit must be issued by a nationally or state chartered bank or savings association, state or federal credit unions or by a state-licensed branch of a foreign bank, which have been rated as F1 or better by Fitch, or rated as A-1 for short-term deposits by Standard & Poor's or P-1 for short-term deposits by Moody's. No investment shall be made in Negotiable Certificates of Deposit issued by a state or federal credit union if an Investment Official also serves on the board of directors, or any committee appointed by the board of directors, or the credit committee or the supervisory committee of the state or federal credit union issuing the Negotiable Certificates of Deposit.

3.7.9.2 Maximum Term: 270 days

3.7.10 Non-Negotiable Certificates of Deposit (CD) (Government Code Sections 53601.8 & 53635.8)

3.7.10.1 Investment funds managed by an external Investment Manager may not invest in Non-Negotiable Certificates of Deposit.

3.7.10.2 L.A. Care must choose a nationally or state chartered commercial bank, savings bank, savings and loan association, or credit union in this state to invest the funds, which shall be known as the "selected" depository institution, and the funds shall be known as "Placement Service Deposits."

3.7.10.3 The selected depository institution may submit the funds to a private sector entity that assists in the placement of certificates of deposit with one or more commercial banks, savings banks, savings and loan associations, or credit unions that are located in the United States, for the local agency's account.

3.7.10.4 The full amount of the principal and the interest that may be accrued during the maximum term of each certificate of deposit shall at all times be insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration.

3.7.10.5 Maximum Term: Five (5) years

3.7.11 Repurchase Agreements (Government Code Section 53601(j))

3.7.11.1 Repurchase Agreements are permitted provided that:

- 3.7.11.1.1** The terms of the agreement [doesdo](#) not exceed one year.
- 3.7.11.1.2** Repurchase Agreements are permitted if collateralized by U.S. Agencies or U.S. Treasuries with any registered broker-dealer or commercial bank insured by the FDIC so long as at the time of the investment:
- 3.7.11.1.2.1** Such registered broker-dealer is a recognized primary dealer, and
 - 3.7.11.1.2.2** Such primary broker-dealer (or its parent) has an uninsured, unsecured and unguaranteed obligation rated A-1 short term or A long term, or equivalent or better by an Approved NRSRO.
- 3.7.11.2** A broker dealer master Repurchase Agreement must be signed by the Investment Manager (acting as “Agent”) and approved by the Investment Professional prior to entering into any repurchase transaction.
- 3.7.11.3** The securities are held free and clear of any lien by L.A. Care’s Custodian or Agent for the Custodian, and such third party is a:
- 3.7.11.3.1** Federal Reserve Bank, or
 - 3.7.11.3.2** A bank which is a member of the Federal Deposit Insurance Corporation (FDIC) and which has a combined capital surplus and undivided profits of not less than \$50 million and the Custodian shall have received written confirmation from such third party that it holds such securities, free and clear of any lien, as Agent for L.A. Care’s Custodian, and
 - 3.7.11.3.3** A perfected first security interest under the Uniform Commercial Code, or book entry procedures prescribed at 31 C.F.R. 306.1 et seq., or 31 C.F.R 350.0 et seq. in such securities is created for the benefit of L.A. Care’s Custodian.
- 3.7.11.4** The Agent must provide L.A. Care’s Custodian and Investment Professionals with a valuation of the collateral securities value no less frequently than weekly and shall liquidate the collateral securities if any deficiency in the required one hundred and two percent (102%) collateral percentage is not restored within two business days of such valuation.



3.7.11.5 Maximum Term: One (1) year.

3.7.11.6 Reverse Repurchase Agreements are not allowed.

3.7.12 Medium Term Maturity Corporate Securities (Government Code Section 53601(k))

3.7.12.1 Medium Term Maturity Corporate Securities are corporate and depository institution debt securities with a maximum remaining maturity of five years (5) or less. Medium Term Maturity Corporate Securities must:

3.7.12.1.1 Be Corporate Securities that have a rating of A- or equivalent or better by an Approved NRSROs with a Maturity of five (5) years or less,

3.7.12.1.2 Be issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or by any state and are operating within the United States that have total assets in excess of five hundred million dollars (\$500,000,000),

3.7.12.1.3 Represent no more than five percent (5%) of the issue in the case of a specific public offering. This limitation does not apply to debt that is “continuously offered” in a mode similar to Commercial Paper- (i.e., medium term notes (MTN’s)), and

3.7.12.1.4 Represent no more than ~~5~~¹⁰5% of the portfolio for both MTN’s and Commercial Paper combined~~or any corporate security~~ of any one corporate issuer.

3.7.12.2 Maximum Term: Five (5) years

3.7.13 Money Market and Mutual Funds (Government Code Section 53601(l))

3.7.13.1 Investments in shares of beneficial interest issued by diversified management companies (Money Market Funds or Mutual Funds) must be with a company that:

3.7.13.1.1 Attained the highest ranking or the highest letter and numerical rating provided by not less than two nationally recognized rating services, or

3.7.13.1.2 If unrated, all funds must be invested 100% in government securities or securities backed by government collateral.

3.7.13.1.3 Any investments in a Mutual Fund must be with a Mutual Fund that invests in the securities and obligations authorized by Government Code Sections 53601(a) to (r), inclusive.

3.7.13.1.4 Any investments in a Money Market Fund must be with a Money Mutual Fund that follows regulations specified by the SEC under the Investment Company Act of 1940.

3.7.13.1.5 Not more than ten percent (10%) of L.A. Care's investment funds may be invested in any one Mutual Fund. However, Money Market Funds are not subject to a maximum investment limitation per fund.

3.7.14 Mortgage or Asset Backed Securities– (Government Code Section 53601(o))

3.7.14.1 Though these securities may contain a third-party guarantee, they are a package of assets being sold by a trust, not a debt obligation of the sponsor. Other types of “backed” debt instruments have assets (such as leases or consumer receivables) pledged to support the debt service. However, Mortgage Backed Securities primarily backed by sub-prime collateral are not allowed.

3.7.14.2 Investments in any Mortgage Pass-Through Securities, collateralized Mortgage Obligations, Mortgage Backed or other pay through bond, equipment lease backed certificate, consumer receivable pass through certificate, or consumer receivable backed bonds must be:

3.7.14.2.1 Rated AA-, or its equivalent or better by an Approved NRSRO.



3.7.14.3 Maximum Term: Five (5) years

3.7.15 Variable and Floating Rate Securities

3.7.15.1 Variable and Floating Rate Securities are an appropriate investment when used to enhance yield and reduce risk. They should have the same stability, liquidity and quality as traditional market securities.

3.7.15.2 Variable and Floating Rate Securities with a final Maturity not to exceed five (5) years as described above, must utilize ~~traditional~~ Money Market asset indices such as U.S. Treasury Bills, Federal Funds, Commercial Paper, ~~or LIBOR~~ or LIBOR alternative reference rate SOFR. Investment in Floating Rate Securities whose reset is calculated using more than one of the above indices are not permitted, i.e., dual index notes.

3.7.15.3 No investments shall be made in inverse floaters, range notes, interest-only strips derived from mortgage pools, and securities that could result in zero-interest accrual if held to maturity. Zero-interest accrual means the security has the potential to realize zero interest depending upon the structure of the security.

3.7.15.3.1 Zero coupon bonds and similar investments that start at a level below the face value are permissible because the value does increase.

3.7.15.3.2 Securities issued by, or backed by, the United States government, in the event of, and for the duration of, a period of negative market interest rates are allowed until 1/1/2026.

3.7.15.4 Maximum term is determined by the underlying security type

3.7.16 Government Pooled Funds (Government Code Section 53601(p))

3.7.16.1 Investments are permitted in Government Pooled Funds including, but not limited to, County Pooled Investment Funds, Joint Powers Authority Pools, the Local Agency Investment Fund, and the Voluntary Investment Program Fund.

3.7.16.2 A Joint Powers Authority Pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of \$500



million, and has at least five years of experience investing in instruments authorized by Government Code Sections 53601(a) to (r).

3.7.16.3 Any investments in the Voluntary Investment Program Fund must be between \$200 million and \$10 billion dollars and must be approved by the Board of Governors.

3.7.16.4 For any investments in the Local Agency Investment Fund or County Pooled Investment Fund, the CFO may provide to the Board of Governors and the auditor the most recent statement or statements received from those institutions in lieu of the information otherwise required to be provided in the quarterly reports pursuant to Paragraph 6.2.

3.7.16.5 Maximum Term: Five (5) years (per Government Code Section 53601)

3.7.17 Supranational Obligations (Government Code Section 53601(q))

3.7.17.1 Certain supranational obligations are permitted provided that the obligations are:

3.7.17.1.1 U.S. Dollar denominated,

3.7.17.1.2 Senior Obligations,

3.7.17.1.3 Issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank,

3.7.17.1.4 Represent no more than 10% of the portfolio for any one allowed issuer

3.7.17.1.5 Eligible for purchase and sale within the United States, and

3.7.17.1.6 Rated AA-, or equivalent or better by an Approved NRSRO.

3.7.18 Public bank debt and obligations (Government code section 53601(r))

3.7.18.1 A public bank is as defined under section 2.23 of this policy and must be wholly owned by a local agency, local agencies, or a joint powers authority in California.



3.7.18.2 Certain Public bank debt and obligations are permitted as follows:

3.7.18.2.1 Medium Term Maturity Debt Securities. Medium Term Maturity Securities must:

3.7.18.2.1.1 Be rated A- or equivalent or better by an Approved NRSROs with a Maturity of five (5) years or less,

3.7.18.2.1.2 Represent no more than five percent (5%) of the issue in the case of a specific public offering.

3.7.18.2.1.3 L.A. Care's investment funds may not be used to purchase more than five percent (5%) of the outstanding debt securities issued by any single public bank issuer.

3.7.18.2.2 Commercial Paper. Investments in public bank Commercial Paper must be:

3.7.18.2.2.1 Rated A-1, or equivalent, or higher by an Approved NRSRO.

3.7.18.2.2.2 Issued by public banks rated A-3, or equivalent, or higher by an Approved NRSRO on long term debt, if any, and

3.7.18.2.2.3 L.A. Care's investment funds may not be used to purchase more than ~~ten-five~~ ten percent (~~105~~%) of the outstanding Commercial Paper issued by any single public bank issuer.

3.7.18.2.2.4 Maximum Term: 270 days

3.7.19 Securities & Exchange Commission (SEC) Section Rule 144A Securities (Rule 501(a) of the Securities Act)

The Securities and Exchange Commission adopted amendments to update and improve the definition of "accredited investor" in the Commission's rules and the definition of "qualified institutional buyer" in Rule 144A



under the Securities Act of 1933. The list of entities that are eligible to qualify as QIB in Rule 144A under the Securities Act was expanded to include all institutional investors (including governmental entities) with \$100 million or more in their investment portfolio.

~~—Purchase of Rule 144A securities is only allowed when L.A. Care meets a threshold of \$5 million in investments and \$100 million in securities.~~

~~**3.7.19.1** Allowed investments in Rule 144A securities that are consistent with the above all other sections of the investment policy are permitted. —for the following Certain private placement debt securities are permitted provided the obligations are:~~

3.7.19.3.7.20 Securities Lending

~~3.7.19.13.7.20.1~~ Securities lending is allowed but are subject to the conditions and restrictions in the California Government Code Sections 53601(j) and 53601(l).

~~3.7.20.3.7.21~~ Derivatives

~~3.7.20.13.7.21.1~~ Investments in derivative securities are not allowed, except as permitted by this Annual Investment Policy, including but not limited to, US Treasury STRIPS as discussed in Section 3.7.3.

3.8 Diversification Guidelines

3.8.1 Investment Security Diversification at the time of purchase:

<i>Type of Security</i>	<i>Maximum Portfolio %</i>
US Treasuries, including STRIPS	100%
Federal Agencies, and US Government Enterprises	100%
State Obligations (CA and others) and CA Local Agency Obligations	30%
Bankers' Acceptances	40%
Commercial Paper	25%
Negotiable Certificates of Deposit	30%
Non-Negotiable Certificates of Deposit	100%
Placement Service Deposits	30%
Repurchase Agreements	100%



Medium Term Maturity Corporate Securities	30%
Money Market Funds and Mutual Funds Combined	20%
Mortgage and Asset Backed Securities	20%
Variable and Floating Rate Securities	*
Government Pooled Funds	100%
Certain Supranational Obligations	30%
Public Bank Obligations	30%
<u>SEC Rule 144A securities</u>	<u>*</u>

* Maximum holding percentage is based on underlying security type limits listed.

3.8.2 Issuer / Counterparty Diversification Guidelines:

<i>Issuer / Counterparty</i>	<i>Maximum Portfolio %</i>
Any one Federal Agency or Government Sponsored Enterprise	100%
<u>Any one of the allowed Supranational obligation issuer</u>	<u>10%</u>
<u>The combined Medium Term Maturity Corporate Securities and/or Commercial Paper of any single issuer</u>	<u>5%</u>
Any one Repurchase Agreement counterparty name:	
If Maturity / Term is less than or equal to 7 days	50%
If Maturity / Term is greater than 7 days	25%

3.8.3 For all other securities described under Authorized Investments that are permitted investments, no more than two percent (2%) of L.A. Care's funds may be invested with any one ~~issuerecompany, corporation, bank, local agency, or other investment vehicle~~, unless otherwise stated.

3.8.4 L.A. Care's CFO and Investment Manager(s) (if any) must review the portfolio he/she manages to ensure compliance with L.A. Care's Diversification guidelines at the time of each purchase.

3.9 Leverage

3.9.1 The investment portfolio, or investment portfolios managed by an Investment Manager, cannot be used as collateral to obtain additional investment funds.

3.10 Underlying Nature of Investments

3.10.1 L.A. Care and its Investment Manager(s) shall not make investments in organizations which have a line business that is visibly in conflict with public health or the mission of L.A. Care.



3.10.2 L.A. Care and its Investment Manager(s) shall not make investments in Negotiable Certificates of Deposit of a state or federal credit union if a member of its Board or Executive Officers also serves on the Board of Governors of that credit union.

3.10.3 L.A. Care will provide the Investment Manager(s) with a list of corporations that do not comply with the Annual Investment Policy and shall notify its Investment Manager(s) of any changes.

3.10.4 Investment Manager(s) will not enter into any investments with any institutions with which the Investment Manager is affiliated.

3.11 Rating Downgrades

3.11.1 L.A. Care may from time to time be invested in a security whose rating is downgraded below the quality permitted in this Annual Investment Policy.

3.11.2 For any security, whose credit rating falls below the minimum required rating required as per the California Government Code and the Investment Policy, the CFO will make the decision whether to continue to hold the security. For all other security rating downgrades, the decision as to whether L.A. Care will continue to hold that security will be left to the Investment Manager.

3.12 Rating Guidelines

3.12.1 A security must be rated by one or more of the following Approved NRSROs: 1) Standard and Poor's 2) Moody's, or 3) Fitch Ratings. Unless specifically stated otherwise for a specific asset class, if a security is rated at different rating levels by two or more Approved NRSRO's, the highest rating will apply.

3.12.2 All investments must adhere to rating requirements outlined under the sections authorizing their purchase under section 3.7.

3.12.3 Notwithstanding Section 3.7.16, L.A. Care may invest in Government Pooled Funds that invest only in high grade securities or obligations.

4.0 PROCEDURES:

4.1 Safekeeping and Delivery



- 4.1.1 Investments purchased shall be held by a Custodian bank acting as agent for L.A. Care and such custody agreement shall be in compliance with Government Code Section 53608.
- 4.1.2 All security transactions, including collateral for repurchase agreements, shall be conducted on a Delivery vs. Payment (DVP) basis. Any exception to this standard delivery practice, e.g., DVP failure necessitating delivery other than by simultaneous exchange, shall require written procedural approval by the CFO.

4.2 Authorized Financial Dealers and Institutions

- 4.2.1 In compliance with Government Code Section 53601.5, investment transactions initiated by or on behalf of L.A. Care may only be transacted with the following,
 - 4.2.1.1 Banks and securities broker dealers designated as “Primary Dealers” defined by the Federal Reserve Bank of New York.
 - 4.2.1.2 An institution licensed by the state as a broker dealer as defined in section 25004 of the California Corporations Code.
 - 4.2.1.3 A member of a federally regulated securities exchange.
 - 4.2.1.4 A national or State Chartered Bank.
 - 4.2.1.5 A savings association or federal association as defined by section 5102 of the California Financial Code.

5.0 MONITORING:

5.1 Board of Governors

- 5.1.1 The CFO is responsible for providing the Board of Governors with an Annual Investment Policy, and the Board of Governors is responsible for adopting the Annual Investment Policy and ensuring investments are made in compliance with the AFS-008, Annual Investment Policy. Investments will be made in recognition of L.A. Care’s need to comply with tangible net equity (Title 28 California Code of Regulations Section 1300.76) and other

solvency and financial reporting requirements set forth by the Department of Managed Health Care. This Annual Investment Policy shall be reviewed and approved annually by the Board of Governors at a public meeting pursuant to Section 53646(a) (2) of the California Government Code.

- 5.1.2** The CFO is responsible for directing L.A. Care’s investment program and for compliance with this policy pursuant to the delegation of authority to invest funds or to sell or exchange securities. The CFO shall provide a quarterly report to the Board of Governors. The CFO shall also provide the Board of Governors with a monthly report of investment transactions.

5.2 Finance and Budget Committee

- 5.2.1** Duties and responsibilities of the Finance and Budget Committee are distinct from those of the CFO as follows:

5.2.1.1 The CFO and staff are responsible for the day-to-day management of L.A. Care’s investment portfolio and the making of specific investments.

5.2.1.2 The Board of Governors is responsible for the Annual Investment Policy. The Finance and Budget Committee shall not make or direct L.A. Care management to make any particular investment, purchase any particular investment product, or do business with any particular investment companies or brokers. It shall not be the purpose of the Finance and Budget Committee to provide advice to the CFO on particular investment decisions of L.A. Care.

- 5.2.2** The duties and responsibilities of the Finance and Budget Committee shall consist of the following:

5.2.2.1 Review of the Annual Investment Policy annually before its consideration by the Board of Governors and recommend revisions.

5.2.2.2 Review L.A. Care’s investment portfolio quarterly to confirm compliance with the Annual Investment Policy, including its diversification and maturity guidelines.

5.2.2.3 Provide comments to the CFO regarding potential investments and potential investment strategies.

5.2.2.4 Periodically review investment security diversification and investment strategies with Investment Manager(s).

- 5.2.2.5** Perform such additional duties and responsibilities as may be required from time to time by specific action and direction of the Board of Governors.

5.3 Internal Control and Audit

- 5.3.1** The CFO shall establish internal controls to provide reasonable assurance of compliance with the Annual Investment Policy and the California Government Code. The controls shall also be designed to prevent theft and misuse of funds.
- 5.3.2** Internal controls should include, but are not limited to:
- 5.3.2.1** Segregation of duties (e.g., the purchaser of investments is different than the person recording the transaction),
 - 5.3.2.2** Reconciliation of investment report and cash balances, and
 - 5.3.2.3** Authorization of transactions.
- 5.3.3** To ensure compliance with the Annual Investment Policy, the investment portfolio holdings shall be reviewed monthly by the CFO and staff, and the portion of the investment portfolio that each investment Manager is responsible for shall be reviewed by the respective Investment Manager(s).
- 5.3.4** An independent review shall be performed on LA Care's investment holdings on a quarterly basis. This review will provide internal control by assuring compliance with investment portfolio requirements established by the Annual Investment Policy.
- 5.3.5** Investment transactions of L.A. Care may be reviewed during the annual audit performed by the public accounting firm selected by the Audit Committee. The results of the audit of the investment transactions shall be presented in a report prepared by the auditors to the Audit Committee and the Board of Governors for their review, acceptance, and action as the Board of Governors deems necessary. A full audit of the investment of L.A. Care may be requested by the Finance and Budget Committee or Board of Governors at any time.

5.4 Performance Benchmarks

- 5.4.1** L.A. Care's investment portfolio shall be designed to achieve a market-average rate of return through economic cycles similar to authorized investment instruments, which have similar security maturities and levels of risk.



- 5.4.2** The performance benchmarks for the investment portfolio will be based upon the market indices for short term investments of comparable risk and duration. These performance benchmarks will be agreed to by the CFO and the Investment Manager(s) and the relative performance of the investment portfolio will be reviewed with the Finance and Budget Committee quarterly.

6.0 REPORTING:

6.1 Monthly (Government Code Section 53607)

- 6.1.1** The CFO shall submit a monthly report of investment transactions to the Finance and Budget Committee as outlined under Government Code Section 53607.

6.2 Quarterly (Government Code Section 53646)

- 6.2.1** At a minimum, the CFO shall present a quarterly report with the following information to the Finance and Budget Committee:

6.2.1.1 Type of investment;

6.2.1.2 Issuer name;

6.2.1.3 Date of maturity;

6.2.1.4 Par amount;

6.2.1.5 Dollar amount invested in all securities and investments and monies held by L.A. Care;

6.2.1.6 A description of the funds, investments, and programs (including lending programs) managed by contracted parties (i.e., LAIF, investment pools, outside money managers, and securities lending agents);

6.2.1.7 Current market value as of the date of the report of all funds held by L.A. Care and under management of any outside party that is not also a local agency or LAIF and the source of the valuation;

6.2.1.8 A statement of compliance with the investment policy or an explanation for non-compliance; For funds that have been placed in a county investment pool, LAIF, or FDIC insured bank deposit, the CFO may substitute the most recent account statement received from those entities in lieu of the information



on these investments that is otherwise required by Section 53646.

6.2.1.9 Return on investments on the total portfolio made by L.A. Care.



TRAVEL EXPENSES

AFS-027

DEPARTMENT ACCOUNTING AND FINANCIAL SERVICES

Supersedes Policy Number(s) 1900

DATES

Effective Date	8/21/1997	Review Date	8/31/2021 10/13/2021	Next Annual Review Date	10/25/2021 10/13/2022
Legal Review Date	10/23/2020	Committee Review Date	10/26/2020 10/25/2021		

LINES OF BUSINESS

- Cal MediConnect
 L.A. Care Covered
 L.A. Care Covered Direct
 MCLA
 PASC-SEIU Plan
 Internal Operations

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

- PP – Mandated
 PP – Non-Mandated
 PPGs/IPA
 Hospitals
 Specialty Health Plans
 Directly Contracted Providers
 Ancillaries
 Other External Entities

ACCOUNTABILITY MATRIX

Accounting	All sections		

ATTACHMENTS



ELECTRONICALLY APPROVED BY THE FOLLOWING

	OFFICER	DIRECTOR
NAME	Marie Montgomery	Angela Bergman
DEPARTMENT	Finance Services	Accounting Services
TITLE	Chief Financial Officer	Controller

**AUTHORITIES**

- California Welfare & Institutions Code §14087.96 et seq.

REFERENCES

- AFS-004 “Non-Travel Expenses”
- AFS-006 “Authorization and Approval Limits”
- HR-101 “Auto Allowance, Mileage Reimbursement, and Vehicle Damage Reimbursement”
- HR-122 “Transportation Incentive Allowance”
- HR-220 “Telecommuting”
- HR-322 “Relocation Expenses”
- LS-006 “Gifts and Donations”
- <http://www.gsa.gov/travel>
- <https://www.gsa.gov/travel/plan-book/per-diem-rates>

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
05/11/2009	New policy; supersedes 1900
05/07/2015	Revised to include language from AFS-004 (split into two policies)
09/26/2018	Used latest policy template dated 2017-10-04; revised format and wordings
10/28/2019	Annual update of Policy; revised format and wordings
10/26/2020	Annual review of policy; revised wordings
XX 10/13/2021	Annual review of policy; revised format <u>and wordings</u>
<u>1</u>	

DEFINITIONS

Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies:
<http://insidelac/ourtoolsandresources/departmentspoliciesandprocedures>



1.0 **OVERVIEW:**

1.0 This policy establishes L.A. Care Health Plan's (L.A. Care) policy for reimbursement of actual and necessary business-related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Community Advisory Committees (CACs) on behalf of L.A. Care. Please refer to policy AFS-004 "Non-Travel Expenses" for information on reimbursable non-travel-related expenses.

2.0 **DEFINITIONS:**

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

- 2.1** **Designee(s):** A "Designee" is someone who is designated by the authorized approver to approve on their behalf when the authorized approver is not available or wishes to delegate this authority. A list of all authorized designees will be kept in Accounts Payable department as an internal document maintained on a regular basis.
- 2.2** Please see the L.A. Care Intranet for the CMS Glossary of Terms for other definitions and acronyms that are designed mainly for the use of Medicare beneficiaries and the general public.

3.0 **POLICY:**

3.0 L.A. Care, as a public entity, has a fiduciary responsibility to utilize funds in a responsible and prudent manner. All employees, Board members, and Community Advisory Committees (CAC) members have a fiduciary role when requesting reimbursement for business-related expenditures, to provide adequate supporting documentation, rationale, and explanation for all reimbursable expenses.

3.1 L.A. Care will reimburse certain travel expenses, for employees, Board members, CAC members, and Stakeholder Committee members, when such expenses are covered under this policy and approved through the procedures in Section 4.0.

3.2 Reimbursable and Non-Reimbursable Travel Expenses

3.2.1 Travel and Training Budget

3.2.1.1 Travel expenses are reimbursable when incurred in connection with activities that are related to official L.A. Care business. All reasonable expenses, including the cost of transportation, lodging, and miscellaneous expenses for gratuities, transportation to and from airports, etc., incurred during an authorized trip are reimbursable as outlined herein and in Section 3.0.



3.2.1.2 Expenses of a personal nature, such as entertainment, movies, sightseeing, health club fees, etc., are not reimbursable.

3.2.2 Airlines

3.2.2.1 L.A. Care will reimburse acceptable air travel which is properly booked through L.A. Care's authorized travel application in accordance with procedures listed in Section 3.0.

3.2.2.2 L.A. Care will not reimburse for the following charges, and the employee, Board member, CAC member, or Stakeholder Committee member will be held responsible for the charges:

3.2.2.2.1 Membership fees for private clubs, air travel clubs, airline-sponsored lounges, and frequent flier clubs.

3.2.2.2.2 The cost of any in-flight movies or other similar pay-per-view entertainment, or for any in-flight alcoholic drinks.

3.2.2.2.3 Upgrades considered to be solely for the convenience or comfort of the traveler without a valid business justification.

3.2.2.2.4 Any expenses due to the loss of your personal baggage.

3.2.2.2.5 Flying personal aircraft while on L.A. Care business is strictly prohibited.

3.2.2.2.6 Cost of kennel fees and/or house-sitters.

3.2.3 Out-of-Town Lodging

3.2.3.1 L.A. Care will reimburse for out-of-town lodging with appropriate approval in accordance with this policy and procedures listed in Section 3.0.

3.2.3.2 L.A. Care will not reimburse for:

3.2.3.2.1 Charges for guaranteed reservations that the employee, Board member, CAC member, or Stakeholder Committee member fails to timely cancel, unless caused by L.A. Care conflicts. (Obtain a confirmation number from the hotel verifying the cancellation of the guaranteed reservation).



3.2.3.2.2 Charges in-lieu of hotel accommodation when staying at the private residence of a friend, family member, etc.

3.2.3.2.3 The cost of alcoholic beverages, television movies, mini-bar charges, personal toiletry needs, newspapers, or other incidentals.

3.2.3.2.4 Costs incurred by a spouse, family member, or significant other who accompanies the employee, Board member, CAC member, or Stakeholder Committee member on the business trip.

3.2.4 Parking

3.2.4.1 Airport parking expenses incurred at the home airport are reimbursable. If parking is in excess of two days, reimbursement will be for long-term parking rates only. Employees, Board members, CAC members, and Stakeholder Committee members shall endeavor to obtain validated parking “stickers” from hosting locations whenever possible.

3.2.4.2 Parking fees incurred in attendance of business meetings at locations other than L.A. Care’s office are reimbursable.

3.2.5 Mileage

3.2.5.1 Mileage incurred in the use of a personal automobile while on L.A. Care business is reimbursable at the then-prevailing amounts allowed by the Internal Revenue Service (IRS). These rates are updated annually each January 1st, and will be utilized by L.A. Care as L.A. Care’s mileage reimbursement rate. Please refer to Section 3.0 for more information.

3.2.5.2 Examples of reimbursable mileage include:

3.2.5.2.1 Miles from home or office to airport and return (less base mileage).

3.2.5.2.2 Miles from office to assigned worksite(s) (and return), as in the case of field workers (auditors; UM nurses; case workers).

3.2.5.2.3 Miles from office to offsite business meeting location(s) (and return).

3.2.5.2.4 Mileage in-lieu of airfare, if driving instead of flying to a meeting.

3.2.5.2.5 Business mileage incurred on non-scheduled work days, and holidays.



3.2.6 Rental Cars

3.2.6.1 The cost of rental cars on out-of-town travel assignments will be reimbursed only with advance approval by the responsible officer in accordance with this policy. Please refer to Section 3.0 for more information.

3.2.7 Traffic/Parking Tickets

3.2.7.1 Automobile traffic and/or parking tickets are not reimbursable.

3.2.8 Taxis, Transportation Network Companies (TNCs) and Other Public Transportation

3.2.8.1 Out-of-Town Travel

Business-related taxis, TNCs (such as Uber or Lyft), train, and other public transportation costs while on out-of-town assignments or business are reimbursable, provided that a rental car has not been approved. However, employees, Board members, CAC members, and Stakeholder Committee members are discouraged from using taxis or TNCs unless necessary. Examples of trips where taxis and TNCs are appropriate are trips to/from terminals and hotels when guest transportation services are not conveniently available, or when transporting heavy work papers.

3.2.8.2 In-town Travel

While mileage is the preferred method of reimbursement for in-town travel, the costs of using taxis, TNC's (such as Uber or Lyft), train and other public transportation for in-town travel may be reimbursed if the travel is separate from normal commuting or the requester does not have access to a car. A valid business justification must be provided.

3.2.8.2.1 The costs of using Taxis, TNCs, trains or other public transportation for in-town travel are not reimbursable for individuals receiving Auto Allowance per Policy HR-101.

3.2.8.2.2 The costs of using Taxis, TNCs and Public transportation for normal commuting to and from L.A. Care's offices are not reimbursable.

3.2.9 Meals Related to Business Travel



- 3.2.9.1** L.A. Care reimburses employees, Board members, CAC members, and Stakeholder Committee members for actual reasonable costs incurred for out-of-town meals while traveling on L.A. Care business. Please refer to Section 3.0 for more information.
- 3.2.9.1.1** Out-of-town is defined as over 50 miles from home or L.A. Care’s office.
- 3.2.9.1.2** Expenses incurred when meals are provided by the conference are not reimbursable.
- 3.2.9.2** The purchase of alcoholic beverages with L.A. Care funds is prohibited.
- 3.2.9.3** Please refer to AFS-004, “Non-Travel Expenses” for more information on non-travel meals.

4.0 PROCEDURES:

4.1 Approval and Reimbursement Process

Prior to traveling, L.A. Care employees, Board members, CAC members, and Stakeholder Committee members must complete a travel authorization request and receive a Request ID Number. Employees wishing to be reimbursed for travel expenses can apply for applicable reimbursements by submitting Expense Reports through the Travel Reimbursement System (Concur).

- 4.1.1** PowerPoint instructions for using the Concur System are available on the L.A. Care intranet.

http://insidelac/sites/default/files/resources/ConcurTraining_022515.pdf

4.1.2 Travel Authorization Requests

- 4.1.2.1** Requests for reimbursement of airfare, hotel, and other expenses incurred beyond 50 miles from L.A. Care or home require a travel authorization request and shall be submitted on Concur and must be approved. No booking should be made until final approval is received from Finance Department. All employees must receive approval in advance for travel.
- 4.1.2.2** Travel authorizations grant approval to travel and are required for all business travel. Payment does not occur upon approval of travel authorizations. Reimbursements for expenses are processed after the travel upon approval of the Expense Report, unless the employee is approved for a Travel Advance.



- 4.1.2.3** The traveler will use their own resources for travel, including personal credit cards. Travelers who have a personal credit card, but are unable to pay for the entire cost of approved travel up front may request a Travel Advance. Employees who are required to travel but are unable to use personal resources may apply for use of L.A. Care Procurement card for hotel and rental cars only through the Accounts Payable Department. (See section 4.3.4 for details).
- 4.1.2.4 Approval.** The request is to be completed in full and approved by the employee's director, or senior director. Following this intermediate approval, each request is then forwarded to the responsible officer and Chief Financial officer ("CFO") or Designee for final approval. The travel authorization requests will be assigned a travel authorization number (Request ID Number) for tracking purposes. The Request ID Number is then matched to invoices for direct payment, and/or used as supporting documentation for Expense Report reimbursement.
- 4.1.2.5** If travel expenses are incurred without pre-approval due to extenuating circumstances, the requestor must provide an explanation of the circumstances and submit the request and appropriate documentation for retroactive approval in Concur. CFO, or designee approval will be required to process all reimbursements with retroactive approvals.
- 4.1.2.6** All international Travel Requests must be approved and authorized by Chief Executive officer ("CEO").
- 4.1.2.7** Officers and Executive Directors are exempt from attaining a Travel Authorization while traveling within California.
- 4.1.2.8** In-Town travels are travels less than 50 miles from the L.A. Care or home.

4.1.3 Expense Reports

- 4.1.3.1** Requests for reimbursement of expenses shall be submitted through Expense Reports in Concur.
- 4.1.3.2** Only Expense Reports with direct manager's or director's electronic approval will be processed and approved in accordance with Authorizations and Approvals policy (AFS-006).
- 4.1.3.3** Expense Report approvals for employees must be executed by direct managers and above.
- 4.1.3.4** No employee may approve his or her own Expense Report.



- 4.1.3.5** Expense Reports of the CEO shall be reviewed and approved by the CFO, or Designee, and Chair of the Board.
- 4.1.3.6** Expense report approvals for members of the Board of Governors and Community Advisory Committees (CAC) shall be reviewed and approved by the CFO and CEO or their respective Designees.
- 4.1.3.7** Expense report approvals for members of Stakeholder Committees shall be reviewed and approved by the CFO and CEO or their respective Designees.
- 4.1.3.8** The Expense Report information must be filled out completely, including business purpose and location of expense/meeting and participant names and affiliations.
- 4.1.3.9** Expense Reports are required to be submitted monthly, although there is an additional 30 day grace period for late submissions.
- 4.1.3.10** Expense Reports submitted after 60 calendar days will not be honored unless approved by the CFO or Designee.
- 4.1.3.11 Documentation Requirements:**
- 4.1.3.11.1** Images of all required receipts should be uploaded into the electronic expense report for reimbursable expenses in excess of \$25.
- 4.1.3.11.2** Receipts must demonstrate proof of payment.
- 4.1.3.11.3** See section 4.2.6.1.5 and 4.2.6.1.6 for information on when travelers will be reimbursed at Per Diem rates and receipts will not be required.
- 4.1.3.11.4** All reimbursable expenditures must be fully documented and supported on the Expense Report in conformity with IRS Guidelines and L.A. Care policy.
- 4.1.3.11.5** If receipts cannot be obtained or have been lost, a statement to that effect shall be made on the Expense Report, along with an appropriate explanation. In the absence of a satisfactory explanation, the amount involved shall not be allowed.
- 4.1.3.11.6** The business purpose of the expenditure, including applicable names, titles, etc., must be provided in all cases.



4.1.3.11.6.1 Providing initials instead of the name is insufficient.

4.1.3.11.6.2 If required receipts and/or required documentation of the business purpose are not provided, the expense will not be reimbursed.

4.1.3.11.6.3 All requests for reimbursement are subject to reasonability. The CFO or Designee shall make the final determination on disputed expenses.

4.1.3.11.7 An itemized statement for hotel, meal and rental car charges must be attached.

4.2 Specialized Travel Expenses

4.2.1 Airlines

4.2.1.1 All L.A. Care employees, Board members, CAC members, and Stakeholder Committee members must use Concur to book air travel for L.A. Care business.

4.2.1.1.1 Exception for extenuating circumstances. Airfare may be purchased outside of Concur only if prior approval is obtained from the CFO or Designee. In such cases, the purchaser will only be reimbursed for economy class accommodations.

4.2.1.1.2 Airfare purchased through the Cal-Travel Store without an approved Travel Authorization in Concur will require Business Justification and CFO approval for extenuating circumstances.

4.2.1.1.3 If the airfare is not purchased through Concur, then the purchaser must include an image of the receipt portion of the boarding pass for reimbursement. If using E-tickets, the employee, Board member, CAC member, or Stakeholder Committee member must request a passenger receipt when checking in at the ticket counter.

4.2.1.2 Frequent Flyer Benefits. Employees, Board members, CAC members, and Stakeholder Committee members may earn personal frequent flyer credit for flights taken on L.A. Care business. However, employees, Board members, CAC members, and Stakeholder Committee members may not incur abnormal travel



time or incur any additional expenses for the purpose of acquiring frequent flyer mileage. Employees, Board members, CAC members, and Stakeholder Committee members may not specify that an airline reservation must be made with a specific airline to gain frequent flyer credits.

4.2.2 Out-Of-Town Lodging

4.2.2.1 Out-of-town lodging is defined as lodging located over 50 miles from L.A. Care's office or home. Lodging within 50 miles from L.A. Care's office or home is considered as In-Town travels and is only reimbursable for multi-day conferences.

4.2.2.2 All hotel stays require an approved travel authorization request.

4.2.2.3 Hotels are to be booked by the traveler through Concur, and the reservation will be held by the L.A. Care Purchasing Card. Employees will then use their personal credit card to pay for the hotel upon arrival, and request reimbursement through Concur. If a personal credit card is not available, refer to section 4.3 for Travel Advances,

4.2.2.4 With advance approval by the CFO or Designee, L.A. Care will reimburse employees, Board members, CAC members, or Stakeholder Committee members for hotel and meal charges if early check-ins or staying over an extra day to save on airfare. (e.g., L.A. Care will reimburse for reasonable hotel, parking, meal expenses if arriving early at the work location to receive a discount "Saturday stay-over" airline rate.) This policy is designed to be a net benefit to both the individual and L.A. Care. If the cost of the hotel, parking, and meal expenses exceeds the savings on the Saturday stay-over, then the excess becomes a personal cost and is not subject to reimbursement.

4.2.2.5 The hotel folio must be attached to the Expense Report and the bill must be itemized on the Expense Report (e.g., business-related telephone calls, meals, and parking separated from the room charges).

4.2.2.5.1 Credit card receipts are not acceptable documentation for hotel expenses.

4.2.2.5.2 Personal items must be identified (movies, mini-bar, personal phone calls, etc.) and excluded from the reimbursement request.



- 4.2.4.2** In order to obtain reimbursement for mileage, the business purpose for the trip must be stated on the Expense Report. In case of multiple employees, Board members or CAC members sharing a personal automobile, only the employee, Board member, CAC member, or Stakeholder Committee member incurring the usage cost, is allowed reimbursement.
- 4.2.4.3** Mileage reimbursement applies only to the use of an employee's, Board member's, CAC member's or Stakeholder Committee member's personal vehicle and not for any form of public transportation.
- 4.2.4.4** If the employee normally uses public transportation to commute to work, L.A. Care will not reimburse unused commuter fares if his/her personal auto is used for business.
- 4.2.4.5** All mileage reimbursements will deduct the mileage between the home and office of an employee's normal commute if they were to have driven, regardless of if the employee actually drives to the office on a regular basis.
- 4.2.4.6** Mileage incurred while receiving a Transportation Allowance is not reimbursable.
- 4.2.4.7** Mileage to attend volunteer activities is not reimbursable.
- 4.2.4.8** Travelers who use their personal vehicle on L.A. Care business are required to have adequate insurance coverage as required by state law.
- 4.2.4.9** L.A. Care shall compensate property damages to an individual's personal vehicle that occur during business travel when the individual is not at fault. L.A. Care will compensate up to \$250 or the amount of the deductible on the individual's insurance policy, whichever is the lesser amount, for each accident.
- 4.2.4.10** L.A. Care shall not reimburse mileage for an employee's standard commute to work. A transportation incentive will be provided to eligible employees. Please refer to policy HR-122 "Transportation Allowance" for more information.

4.2.5 Rental Cars

- 4.2.5.1** If the rental car is used for business purposes, the employee, Board member, CAC member, or Stakeholder Committee member must purchase and will be reimbursed for the optional collision coverage



and/or optional personal liability coverage offered by the rental car company.

- 4.2.5.2** If available, rental car companies should be selected from those listed in the Travel Reimbursement System to achieve the best rates possible.
- 4.2.5.3** When renting a car for business purposes, luxury and specialty car models are not authorized.
- 4.2.5.4** Economy Class vehicles should be selected whenever four or fewer individuals, including the driver, will be traveling in the rental automobile at any one time.
- 4.2.5.5** Mid-size Class vehicles may be selected in the event that more than four individuals will be riding in the rental automobile at any one time, or in the event that an economy class vehicle is not available and immediate departure is necessary.
- 4.2.5.6** If the rental car is used for business purposes, the employee, Board member, CAC member, or Stakeholder Committee member will be reimbursed for the additional expense of a Global Positioning System (GPS).
- 4.2.5.7** Whenever possible, an effort should be made to return the rental car with a full tank of gas and refueling options are to be declined from the rental agency.
- 4.2.5.8** Mileage will not be reimbursed for employees who opt to use a rental car rather than their personal vehicle. Receipts may be submitted for gas expense reimbursement through Concur.

4.2.6 Meals Related to Business Travel

- 4.2.6.1** For single day travel or In-Town travels, where the work day will extend beyond normal business hours, Meal reimbursement amount will be based on receipts of the actual costs of meals related to business travel with a maximum reimbursement not to exceed the Federal Daily (M& IE) GSA Per Diem limits.
 - 4.2.6.1.1** Itemized receipts and appropriate explanations are required for all meals on single day travel, regardless of the amount.
 - 4.2.6.1.2** Gratuities should be reasonable and not exceed 20% of the total bill, unless restaurant minimum charges/ restrictions are in place, in which case these circumstances must be documented.



- 4.2.6.1.3** The Expense Report should include employee names if the meal was for more than one individual. The employees in attendance should all have approved travel authorizations.
- 4.2.6.1.4** For meals not pertaining to travel, please follow the processes set forth in the Non-Travel Expense Policy AFS-004.
- 4.2.6.1.5** For multi-day travel, L.A. Care employees, Board members, CAC members, and Stakeholder Committee members will be reimbursed at the Federal Daily Per Diem (www.gsa.gov/perdiem) maximum allowable amount for meals expenses. Receipts will not be required in the Expense Reports for these meals to be reimbursed at Per Diem rate. In accordance with the GSA guidelines, the meal expenses for first and last day of the travel is allowed at a rate of 75 % of the Federal Daily Per Diem.
- 4.2.6.1.6** In lieu of Per Diem, receipts may be submitted for reimbursement less than Per Diem limits.
- 4.2.6.1.7** Receipts for meals which exceed GSA Per Diem limits will be reimbursed only at Per Diem limits.

4.3 Advances for Travel

- 4.3.1** L.A. Care employees should utilize their own financial resources (e.g., credit card) for authorized travel, meetings, conferences, etc., and obtain reimbursement after the event in accordance with this policy.
- 4.3.2** In cases where funding the entire cost of the travel from personal means is not feasible, employees may request a Travel Advance up to the amount requested in the Approved Travel Authorization.
- 4.3.3** Travel Advances may be used to cover the cost of reasonable travel expenses including lodging, meals and other expenses.
- 4.3.4** In cases where no personal credit card is available, arrangements can be made to have L.A. Care pay hotel costs in advance through the company Procurement Card. A check request should be submitted to the Accounts Payable department with the request.
- 4.3.5** The cost of airfare and a rental car should be excluded from Travel Advance requests as the preferred method is to select the Enterprise Rental Car option for corporate account billing. Airfare booked through Concur upon authority of Approved Travel Authorization will be charged to the corporate Procurement card.



- 4.3.6 To receive an advance for travel, the employee should fill out an Advance Request in Concur and receive approval from the Controller or Designee.
- 4.3.7 Prior to travel, when requesting a Travel Advance, employees must complete the following steps:
 - 4.3.7.1 Request and receive an approved Travel Authorization from Concur one month before the Travel date.
 - 4.3.7.2 Travel Advance is not available for requests without a 30 day advance notice.
 - 4.3.7.3 Complete the Travel Advance Request through Concur.
 - 4.3.7.4 Receive approval for the Travel Advance from the Controller or Designee.
- 4.3.8 The receipts and unused cash from the Travel Advance must be returned to L.A. Care as an Expense Reimbursement Request within 30 days of the conclusion of the travel. Reconciliation Expense Forms and cash not returned within 60 days will be taxed as wages per IRS Guidelines.

4.4 Special Considerations

- 4.4.1 The purchase of any capitalized assets, small equipment, furniture, etc., by employees will not be reimbursed by L.A. Care.
- 4.4.2 Conferences, seminars, training for development and continuing education travel, which is travel to and from continuing education courses, is reimbursable for employees only if pre-approved by the responsible manager and officer.
- 4.4.3 The cost of the seminar or conference should be included in the travel authorization, but the payment can be processed through standard Procurement processes outside of Concur.

4.5 Pre-Employment and Telecommuting Travel

- 4.5.1 The Talent Acquisition department may request approval to reimburse travel expenses associated with recruiting (e.g. airfare for a candidate) by initiating a travel authorization in Concur.
- 4.5.2 The Human Resources Department must approve all receipts, which will be subject to the requirements set forth in this policy.
- 4.5.3 Once all approvals have been obtained, the Talent Acquisition department will submit a Check Request form, approved by the Human Resources Department, to Finance so that a reimbursement can be made to the candidate.



4.5.4 This policy provides guidelines on expense reimbursements for recruiting travel and pre-employment travel. Refer to policy HR-322, “Relocation Expenses” for guidelines on mileage and other expense reimbursements associated with relocation.

4.5.5 Employees who work remotely will be reimbursed according to their signed agreement with Human Resources Department and Policy HR-220 “Telecommuting”.

4.6 Travel Paid for by Third Parties

4.6.1 All L.A. Care employees, Board and CAC members who have been offered and/or considering accepting a payment or reimbursement for travel, lodging/hotel, meals or conferences from a third party must consult with General Legal Services Unit of Legal Services Department prior to accepting such payments. General Legal Services Department can provide guidance on whether acceptance of such payments is permissible under applicable laws and policies relating to gifts. Please also refer to policy LS-006 “Gifts and Donations”.

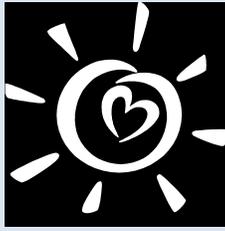
4.6.2 If traveling under a contract with third party, the contract should be affixed to all reimbursement requests and provided to L.A. Care.

5.0 MONITORING:

5.1 The Business Unit Manager or Designee is responsible for ensuring that all expenses are processed timely and coded correctly.

6.0 REPORTING:

6.1 Variance reports between actual versus budgeted costs will be provided to Business Unit Managers on a monthly basis. Expenditures for expenses covered under this policy will be reported to the Board of Governors on a quarterly and annual basis.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. FIN 101.1121

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: To execute a new statement of work with Ntooitive for a new schedule of services to support the advertising and integrated marketing strategies for the 2021-2022 Fiscal Year marketing campaigns for L.A. Care's direct lines of business and the Community Resource Centers from October 2021 through September 2022.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in 2019**

Background: Funds are requested for the 2021-2022 fiscal year contract in the amount of \$7,346,802 effective October 1, 2021 through September 30, 2022. L.A. Care would like to contract with Ntooitive for a statement of work associated with digital marketing and media buying services with our entire portfolio of products and services including L.A. Care Covered, Cal MediConnect, Medi-Cal, Family Resource Centers, Community Resource Centers and our L.A. Care Brand Marketing Initiatives.

In early 2019 the Marketing Department conducted a Request for Proposal process to review and select individual vendors which would offer specialized services for media buying, digital marketing services, creative development support and strategy/research consultation. Ntooitive was among eight agencies (and sub agencies) that responded to the Request for Proposal to provide digital marketing and media buying services for our lines of business including L.A. Care Covered, Cal MediConnect, Medi-Cal, Family Resource Centers, Community Resource Centers and the Parent Brand Initiative.

The funding allocation includes the following:

- \$7,346,802 for sustained product growth focused advertising for all L.A. Care lines of business. This funding is considered a “pass through” media cost that is managed by Ntooitive at the direction of L.A. Care. The funding would provide advertising resources for campaigns that run through October 2022 and support all product lines. The campaigns are as follows:
 - L.A. Care Brand Campaign
 - Cal MediConnect Hot Zone and Broker Marketing Campaigns
 - Medi-Cal Advertising Campaign
 - L.A. Care Covered Open Enrollment Campaign and Broker Marketing Campaigns
 - Community Resource Center Marketing Campaigns and the continued launch of additional new Community Resource Centers in partnership with Blue Shield Promise Health Plan of California
 - Development and Maintenance of LACC Shop and Compare Tool website “LACC Calculator”
 - Digital Marketing Maintenance – Social/Search Management; Ad Server; Datorama Integration

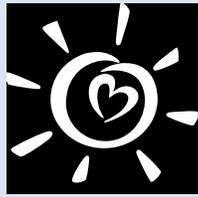
Board of Governors
MOTION SUMMARY

The execution and launch of these campaigns would align with organizational and product objectives aimed at creating Brand and Product visibility in the Los Angeles market and driving product growth through increased enrollment in the aforementioned product lines. The duration of the proposed contract is intended to align with the current budget cycle, and a new request will be initiated in the Fall of 2022 for services from this vendor in FY 2022-2023, once budgets and business objectives have been finalized.

Member Impact: This motion will allow L.A. Care to continue to have a positive impact as a trusted source of information for members and potential members. L.A. Care will leverage its marketing and advertising programs to support the growth of all lines of businesses and increase visitors at all Family Resource Centers.

Budget Impact: Sufficient funds have been requested in the FY 2021-2022 budget for the Ntooitive contract term October 1, 2021 through September 30, 2022.

Motion: To authorize staff to execute a new statement of work with Ntooitive in the amount of \$7,346,802.00 for marketing campaigns for L.A. Care's direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2021 through September 30, 2022.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. FIN 102.1121

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: Staff Augmentation services for Appeals and Grievances processing

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in 2021**

Background: L.A. Care staff requests approval to amend a contract (Statement of Work No. 4) with Change Healthcare Resources, LLC (“CHC”) from June 17, 2021 to May 31, 2022 up to an amount not to exceed \$4,100,000 (previously 2,000,000). The vendor will provide us with staff augmentation for the Appeals and Grievances department. L.A. Care requires these services because the amount of cases exceeds the amount of full time employees’ bandwidth. We have used this vendor since 2016 for various projects, including preparation for regulatory agency audits such as the 2018 CMS program audit of the Cal Medi-Connect line of business.

Due to the urgency of the staffing needs we did not conduct a competitive request for proposal.

Member Impact: L.A. Care members will benefit from this motion because the staff augmentation will address staffing needs in processing appeals and grievance cases.

Budget Impact: The cost was not anticipated and was not included in the approved budget for the Compliance or Appeals and Grievances Departments in the FY 2020-21 or the FY 2021-22.

Motion: **To authorize staff to amend a contract authorizing the expenditure of up to \$4,100,000 with Change Healthcare Resources, LLC to provide Appeals and Grievances staff augmentation services from June 17, 2021 to May 31, 2022.**



October 25, 2021

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – November 2021

As of October 4, DHCS reported that 79.6% of Angelenos age 12 and older had received at least one COVID-19 vaccine dose. However, among Medi-Cal members, that rate was much lower, at 57.6%, a 22% difference. We at L.A. Care remain actively involved in helping to close that gap. We were pleased to have the state quickly approve our COVID-19 Vaccination Response Plan, which will make funding available to support a variety of efforts to vaccinate more members. We will continue to prioritize this important work and do our part to increase Medi-Cal vaccination rates in L.A. County. Until we do, herd immunity will remain out of reach.

We also continue to make preparations here at L.A. Care for substantial changes coming to the Medi-Cal program on January 1, 2022. Specifically, the Enhanced Care Management (ECM) and Community Supports (formerly In Lieu of Services) components of the state’s Medi-Cal waiver, CalAIM, and Medi-Cal Rx, the state’s transition of all Medi-Cal pharmacy services from managed care to fee-for-service. These changes require substantial planning and effort on the part of our staff and I appreciate their continued hard work and commitment.

Following is a snapshot of our progress on some of our community- and provider-focused work.

	Since last CEO report (8/23/21)	As of 10/25/21
Elevating the Safety Net Physicians hired under Physician Recruitment Program	3	128
Elevating the Safety Net Grants for medical school loan repayment	-4	97
Elevating the Safety Net Grants for medical school scholarships	—	32
L.A. Care’s Housing Initiatives* Households with housing secured	-4	324
IHSS+ Home Care Training IHSS worker graduates from CCA** program	320	4,181

* As of July 1, two similar housing initiatives have been combined (Housing for Health and Housing for Healthy California) for updates in this report.

** The Center for Caregiver Advancement (CCA) was previously known as the California Long-Term Care Education Center (CLTCEC).

Below please find organizational updates for September and October:

Free Drive-Thru and Walk-Up Flu Vaccine Clinics Offered at L.A. Care Health Plan and Blue Shield of California Promise Health Plan Operated Community Resource Centers

L.A. Care and Blue Shield of California Promise Health Plan announced that their jointly operated Community Resource Centers will host ten free drive-thru/walk-up flu vaccine clinics across Los Angeles County between Sept. 30 and Nov. 6 for area residents aged 3 years and older.

2021 L.A. Care Equity & Resilience Awardees Announced

L.A. Care awarded grants totaling \$1,125,000 to nine community-based organizations that are run by Black, Latino, Southeast Asian, and Indigenous leaders, in an effort to address the long-term and daily effects of systemic racism. This is the second round of Equity and Resilience Initiative grants that aims to address the continued social, emotional, and economic distress of the COVID-19 pandemic.

L.A. Care's COVID-19 Vaccination Response Plan Approved by California

L.A. Care submitted its COVID-19 Vaccination Response Plan to the California Department of Health Care Services and quickly received approval from the state. As a result, L.A. Care will be able to access funding to support a wide range of efforts to vaccinate more members, including grants to clinics to help increase vaccinations in communities of color, member incentives for getting vaccinated, live one-on-one calls to unvaccinated members, and more.

L.A. Care Health Plan Contracts With CareMore Health to Provide Care for CMC Members

L.A. Care has contracted with CareMore Health to provide care for some of L.A. Care's nearly 19,000 dual eligible Cal MediConnect (CMC) members. CMC members are some of L.A. Care's hardest-to-reach members with some of the most complex care needs. CareMore, who has been serving Southern California for 28 years, provides a high-quality integrated care delivery system with a large network of physicians, specialists, and hospitals as well as Care Centers, which will serve as the medical homes for L.A. Care members, ready to provide personalized care and address members' variety of needs.

Attachments

L.A. Area Chamber of Commerce Blog Post

LAC HN Statement on LAUSD Vaccination Decision

LAC IE MediCal Rx OpEd

Schedule of Drive Thru/Walk Up Flu Vaccine Clinics



Blog / Health Care Waiting Room

With the ACA Safe From Attack, It's Time to Improve the Landmark Legislation

September 20, 2021

by John Baackes, CEO L.A. Care Health Plan

As another Covered California open enrollment period approaches, the Affordable Care Act (ACA) finally appears safe from what had been repeated efforts to dismantle the law. In June 2021, the U.S. Supreme Court rejected what is widely regarded as its last significant challenge. Now, in the midst of a pandemic, when health coverage is more important than ever, lawmakers must focus their efforts on improving and expanding the ACA. A first step would be to restore the public option, which was in the original version of the legislation, but was stripped before it was signed into law.

When the Affordable Care Act was signed into law in 2010, there were two main goals. As its name suggests, the first was to make health insurance more affordable. The second goal was to increase the number of people with health insurance. The law succeeded in increasing the number of people with health insurance as a record **31 million Americans** have coverage through the ACA, but affordability is still another matter. Implementation of the ACA did **result** in reduced out-of-pocket spending for those with lower incomes, but others continued to experience a high out-of-pocket and premium costs.

State and federal subsidies have always provided additional help for those with lower incomes, and passage of the American Rescue Plan earlier this year **significantly increased** the number of people who qualified for help. It enabled for healthcare coverage premiums to be as low as \$1 per month for those who need it, but that extra help is set to expire at the end of next year. While

we support making the additional help permanent, adding a public option to the ACA would be another important long-term solution to the affordability and accessibility issue. Public health plans, without shareholders and a lower cost structure, will provide healthy competition for commercial plans.

L.A. Care Health Plan is such a public option. It is one of 16 public health plans in California, but it is the only plan operating in California's ACA exchange. L.A. Care, which was originally established in 1997 to serve Medi-Cal beneficiaries in Los Angeles County, chose to enter the Covered California exchange in 2014 to provide that competition for commercial plans. Through the years, L.A. Care saw commercial plans respond to its lower rates by dropping their own.

L.A. Care also entered the exchange to offer continuity of care to members with fluctuating incomes. Since launching, more than 33,000 members have moved from the health plan's Medi-Cal plan to its L.A. Care Covered plan, or vice versa – all able to retain their providers and maintain coverage. Recently, the state of California passed legislation that supports L.A. Care's efforts at continuity of care. In July of 2022, the state will begin allowing consumers who transition out of Medi-Cal due to income changes to automatically enroll into the most affordable Covered California plan in their region. In L.A. County, that means healthcare for the upcoming open enrollment period.

The idea of a public option is certainly gaining support. Washington State went live with a public option in January 2021, and Colorado and Nevada passed public option plans earlier this year, set to launch in 2023 and 2026, respectively. Two lawmakers, Sen. [Patty Murray](#), D-Wash., and Rep. [Frank Pallone Jr.](#), D-N.J., are working on legislation to establish a nationwide public option, and 20 senators recently [reintroduced legislation](#) to create a new Medicaid-based public option, showing that access to care is clearly a top priority for policymakers in Washington, D.C.

All of these lawmakers need only look at L.A. Care to see that this health plan is a perfect example of a successful public option. There is no need to start from scratch when lawmakers can simply expand something that is already working. L.A. Care's public option is providing access to quality health care at an affordable price to a greater number of people, including

workers and their families who don't have employee-sponsored health plans – people who need access to quality health care to remain productive. A healthy workforce is important for a healthy economy, so supporting efforts to ensure all have access to affordable health care is clearly in the interest of all businesses in Los Angeles County.



L.A. Care + Health Net Statement on the Decision by LAUSD to Require All Eligible Students to be Vaccinated

Tuesday, September 28, 2021

L.A. Care Health Plan and Health Net stand together ready to support the Los Angeles Unified School District's (LAUSD) new effort to help all eligible students get vaccinated against COVID-19 in order to attend in-person classes.

As the two lead Medi-Cal plans serving Los Angeles County, our collective efforts, in conjunction with efforts by our provider and community partners, have provided at least one dose of the COVID-19 vaccine to more than 55.7% of Medi-Cal enrollees* living in the county – above the statewide average of 52.4% for Medi-Cal enrollees.

While we are pleased with the progress we have made to date, we recognize there is still much work to be done to help eligible members get vaccinated. In response, we are committed to working with our network of providers, local public health agencies, LAUSD, and other community partners to help educate members about vaccine efficacy and make vaccines readily accessible to students and families in Los Angeles County.

**Includes both Medi-Cal Managed Care and Fee for Service members*

Los Angeles Daily News

OPINION

Put the brakes on deeply flawed Medi-Cal Rx rollout

By [JOHN BAACKES](#) and [JARROD MCNAUGHTON](#) |

PUBLISHED: October 11, 2021 at 10:00 a.m. | UPDATED: October 11, 2021 at 10:12 p.m.

In just three months, a change is coming in California that could negatively impact the health of more than a third of the state's residents – the 14 million Medi-Cal beneficiaries. On January 1, 2022, all Medi-Cal pharmacy benefits will transition away from health plans into a fee-for-service model implemented by a private, for-profit company.

The new program, known as Medi-Cal Rx, is a result of an executive order originally signed by Governor Gavin Newsom in January 2019 to achieve cost-savings for drug purchases made by the state. While admirable in its intent, carving out pharmacy benefits from managed care plans is going to hamper the care coordination that health plans have been striving to improve for a population that is already facing health inequity. Such coordination improves health outcomes by ensuring members receive their medications and avoid harmful drug interactions, and it prevents abuse.

Along with our concerns about care coordination, recent studies call into question any anticipated cost savings from Medi-Cal Rx. A study published in July 2021's American Journal of Managed Care found that integrated pharmacy benefits are more cost effective than fee-for-service. And a 2019 report conducted by the Menges Group analyzed 13 states that implemented an Rx carve-out model, and the findings were that if California adopts the same model, it "would result in a 19.4% increase in net Medi-Cal pharmacy expenditures."

As the CEOs of the two largest not-for-profit, publicly governed health care plans in California (Inland Empire Health Plan and L.A. Care Health Plan) we are asking Governor Newsom and the Department of Health Care Services (DHCS) to pause and reconsider the January 1 launch to better understand the high-stakes gamble that Medi-Cal Rx will bring to the people we serve. Together, our two health plans serve 3.9 million of the more than 7.5 million Medi-Cal managed care beneficiaries across the state.

Our organizations support policies that give the state greater negotiating power, standardize the pharmacy benefit, and allow managed care plans to continue their

role in clinical and care management at the local level. We are more than ready to help be a part of the solution to address these critical issues.

One example of another approach is creating a statewide prescription drug-list/formulary that would give the state the leverage to negotiate prices while allowing the health plans to maintain coordination of the pharmacy benefit. This integrated approach shows greater promise for achieving the savings the governor is looking for while simultaneously building on the success of the community-based public health care delivery system available through California's local health plans.

We also have serious concerns about the state moving forward with a private, for-profit company that has already settled lawsuits for \$143 million for overcharging pharmacy benefits in other states' Medicaid programs. This is a bright red flag that should concern the governor, DHCS and the people of California.

We urge DHCS to reconsider the decision to move forward with Medi-Cal Rx. Medi-Cal beneficiaries, most of whom are already struggling with health and social needs and have suffered disproportionately during the pandemic, don't need this disruption in their health care services. There is a small window of opportunity now to get it right and address a risk that is simply too big to ignore.

John Baackes is the CEO of L.A. Care Health Plan, which serves nearly 2.5 million community members in Los Angeles County. Jarrod McNaughton is the CEO of Inland Empire Health Plan (IEHP), which serves 1.4 million Inland Empire community members.

Schedule of the Flu Shot Clinics.

Center	Date - All Events 10am - 2pm	Location
Metro LA	Thursday, September 30	LA City College 4100 Marathon St., Los Angeles, CA 90029 (Lot 1)
Boyle Heights	Saturday, October 2	USC Parking Lot 1701 Zonal Avenue, Los Angeles, 90033
Wilmington	Friday, October 8	LA Harbor College 1111 Figueroa Pl, Wilmington, CA 90744
Inglewood	Saturday, October 9	Weingart YMCA Wellness & Aquatic Center 9900 S Vermont Ave, Los Angeles, CA 90044
Palmdale	Saturday, October 16	PAL HS Football Palmdale High School Football Field Parking Lot - 2137 E Ave R Palmdale, CA 93550 On 20th St East (Between Ave R and Palmdale Blvd.)
East LA	Friday, October 22	Los Angeles Christian Presbyterian Church 2241 N. Eastern Ave., Los Angeles, CA 90032
Pacoima	Saturday, October 23	Mary Immaculate School 10390 Remick Ave, Pacoima, CA 91331
El Monte	Saturday, October 30	El Monte High School 3048 Tyler Ave, El Monte, CA 91731
Lynwood	Thursday, November 4	Lynwood High School 4050 E Imperial Hwy, Lynwood, CA 90262
Pomona	Saturday, November 6	Palomares Park 499 E Arrow Hwy, Pomona, CA 91767



October 18, 2021

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: 4th Quarter FY 2020-21 Vision 2021 Progress Report

This report summarizes the progress made on the activities outlined in Vision 2021, L.A. Care's Strategic Plan. This is the fourth and final quarterly report for the 2020-21 fiscal year, which represents the third and final year of our three-year plan. The next progress report the Board of Governors will receive will be for L.A. Care's next three-year Strategic Plan, Vision 2024.

This quarter L.A. Care continued to make steady progress while remaining responsive to the ongoing COVID-19 pandemic, including actively participating in vaccine rollout efforts.

L.A. Care's notable fourth quarter activities include:

- In-person interventions resumed as our Community Resource Centers reopened and Community Health Workers (CHWs) began to meet members face-to-face at the Centers.
- New Community Resource Centers in Wilmington and El Monte opened to the public, bringing the total of operating centers to ten.
- We continued to focus on our multi-year, multi-faceted systems improvement projects (for customer service, financial management, provider data management, care management, and encounter management).
- L.A. Care reached its goal of 100% employee participation in Diversity, Equity, and Inclusion training.



1 High Performing Enterprise

A high functioning health plan with clear lines of accountability, processes, and people that drive efficiency and excellence.

Goal 1.1

Achieve operational excellence through improved plan functionality.

Key Activities	Status	Update
Enhance the systems, tools, and processes to improve customer service through the Voice of the Customer (VOICE) initiative.		The VOICE program is close to successfully completing the first phase of the Call Flow Optimization project, which is the redesign of the Interactive Voice Response (IVR) call flows. The next phases will be to include features such as self-service tools, post-call surveys, and courtesy call backs. The new deployment date is tentatively set for Q1/Q2 of FY2021-22. Work continues on the development and enhancements of provider assignment/changes. VOICE is on track to deploy this enhancement in Q2 of FY2021-22.
Improve business functions related to financial management with the Enterprise Resource Platform (ERP).		With the go-live of Phase 2 for disbursements, all teams have been working to sustain the system and adapt to the new business functions. This includes new interfaces, reporting features, and automated processing of business tasks. We have also been working to develop the new Shared Risk functionality within SAP that will go live in a few months. Lastly, project planning has started and blueprinting has begun for Phases 3 and 4.
Modernize provider data management through continued operations of the Total Provider Management (TPM) initiative.		The TPM program has evolved into the Provider Roadmap Initiative, a multi-year program focused on improving L.A. Care's provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes. This initiative will, among other things, prioritize the use of the standardized provider file (SPF) to receive provider data directly from our PPG partners. This was the principal component of TPM. The Provider Roadmap Initiative will also leverage the validated provider data available through the partnership with Symphony Provider Directory Utility, will address some known infrastructure challenges that have historically limited our efficient use of available data, will employ the newly established data governance framework to ensure better data quality, and will enable the network

Color Indicator Legend



Green – On target, no issues



Yellow – Some issues, probable risks, concerns



Red – Major issues, high risk



Blue – Complete



Key Activities	Status	Update
		affiliations and hierarchies to properly identify and manage all providers available to a member within a closed sub-network.
Improve coordination of care for members with the Care Catalyst initiative, and the Population Health Management System (SyntraNet/Thrasys).		The Utilization Management (UM) module of the SyntraNet electronic platform is actively functioning as the tool for processing authorization requests received by the UM, Behavioral Health, and Long-Term Supportive Services departments. Modifications remain consistent and ongoing, including but not limited to, development of integrated modules such as UM Regulatory Reporting, In Lieu of Services (ILOS), Enhanced Care Management (ECM), and an electronic authorization request submission tool.
Implement strategies to improve encounters and risk adjustment processes.		We have operationalized Phase 1 of the Edifecs EDGE Server project to include LACC encounter/claim data into the company's Edifecs platform and will be implementing the EDGE Server module for transition and improvement of LACC Risk Adjustment related data submission. The project will be completed March 2022.
Implement improvements for diversity and inclusion within the L.A. Care workforce, as recommended by the L.A. Care Team Equity Council.		<p>The Equity Council will host its first Equity Council summit meeting for the Steering Committee where the team, provider, and member sub-councils will meet together to review a SWOT analysis and set plans for 2022.</p> <p>L.A. Care reached its goal of 100% employee participation in Diversity, Equity, and Inclusion training. In addition, upper management participated in cultural humility training.</p>

Goal 1.2

Maximize the growth potential of our product lines.

Key Activities	Status	Update
Implement a product governance process to ensure enterprise-wide alignment for products, programs, and service offerings across all lines of business.		Product leadership continues to lead cross-functional teams to ensure a consistent approach to issues across all products. The Chief Product Officer serves on key leadership committees to represent the needs of the products and to ensure alignment across the organization.

Color Indicator Legend	
Green – On target, no issues	Red – Major issues, high risk
Yellow – Some issues, probable risks, concerns	Blue – Complete



Key Activities	Status	Update
Create a tailored approach to member enrollment and retention, based on unique needs of the product.		<p>Member journey maps have been completed for each line of business (MCLA, CMC, LACC) and shared with Product Team owners.</p> <p>Marketing continues implementation and optimization of Covered California’s American Rescue Plan marketing efforts.</p> <p>Marketing has finalized its planning efforts for Open Enrollment 2022 in collaboration with the Product and Strategic Planning teams.</p>
Leverage our ability to offer member choice and provide value-added programs for all product lines.		As L.A. Care plans for 2022 Covered California Open Enrollment and the development of a D-SNP, we are investigating offerings that would make our products competitive and balance price and provider choice, including expanded options for virtual care beyond our current telehealth offering.
Plan and prepare for the implementation of a Dual Eligible Special Needs Program to serve our dually eligible Medi-Cal and Medicare population.		The Dual Eligible Special Needs Program (D-SNP) business case was approved by the Internal Review Board. Program planning is underway to document business requirements for all business units responsible for D-SNP program management. Monthly Department of Health Care Services (DHCS) Cal Medi-Connect to D-SNP Enrollment Transition Workgroups continue. State policy on Exclusively Aligned Enrollment (EAE) for D-SNP has been solidified; operational processes to support EAE to be developed by the state in partnership with stakeholders.

Color Indicator Legend			
	Green – On target, no issues		Red – Major issues, high risk
	Yellow – Some issues, probable risks, concerns		Blue – Complete



2 High Quality Network

A network that aligns reimbursement with member risk and provider performance to support high quality, cost efficient care.

Goal 2.1

Maintain a robust provider network that supports access to high-quality, cost efficient care.

Key Activities	Status	Update
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.		The current Q4 network adequacy rate for September 2021 is 97%, which continues to exceed Q3 results. Focus remains on supporting our contracted physicians as they continue to care for our growing membership (increase of 5.13% from Q3 to Q4). Phase 2 will include expanding the specialty network throughout the remainder of L.A. County, preparing us for any future expansion of the Direct Network, as applicable.
Optimize oversight of delegated functions.		The Delegated Entities Manual was posted on L.A. Care’s website on July 13, 2021. The next annual review will be completed in 2022.
Implement initiatives to promote diversity and equal opportunity among vendors, providers, and purchased services, as recommended by the Vendor and Provider Equity Council.		On August 18 th , L.A. Care hosted its first Small Business Day, held virtually, to encourage and teach small and minority-owned businesses how to be a competitive bidder for L.A. Care and other vendor opportunities. More than 100 participants registered for the event.

Goal 2.2

Build foundational capabilities to support expansion of the L.A. Care Direct Network.

Key Activities	Status	Update
Strategically develop, expand, and address gaps in the Direct Network to meet all member needs.		L.A. Care is focused on growing specialty access to prevent future gaps, to increase member choice, and to improve access and availability for members. As this specialty access grows, and where access to specialty care is found to be adequate, contracted PCPs for that area can have their panels opened for member choice enrollment. To date, the team has identified about 130 contracted PCPs whose panels can be opened.

Color Indicator Legend	
	Green – On target, no issues
	Yellow – Some issues, probable risks, concerns
	Red – Major issues, high risk
	Blue – Complete



Key Activities	Status	Update
		Through continuous use of targeted provider recruitment data, analytics, and dashboards, L.A. Care continues to improve network adequacy for the Direct Network.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.		L.A. Care continues to direct efforts to provide clarity to providers through trainings that explain the Direct Network (DN) referral and prior authorization (PA) process while also refining the PA form, which will lead to an enhancement of the online PA lookup tool. The DN reference guide will be updated following the implementation of those refinements and enhancements. Updates currently being made to business requirements will yield improvements to the clinical operations tool (SyntraNet), including the electronic authorization features.

Goal 2.3

Providers receive the individualized information and resources they need to provide high-quality care with low administrative burden.

Key Activities	Status	Update
Provide practices with actionable data, education, and resources to support ongoing efforts to improve quality and NCQA status.		<p>The IPAs submitted their progress updates for their 2021 Action Plans. L.A. Care and Plan Partner staff are reviewing and will provide feedback by next month. The Provider Opportunity Reports are being produced and distributed on a monthly basis, which show up-to-date compliance rates and member gaps in care for HEDIS. Utilization Management (UM) Reports and Quarterly Encounter Reports give additional actionable data for monitoring. The new off-season 2020 Medicare member experience survey (CAHPS + Health Outcomes Survey) results were shared with CMC IPAs. Focused meetings to go over those results and discuss opportunities for improvement began with select IPAs. Our provider engagement efforts continue with multiple interactions with office staff helping to optimize services, coding, and data submission.</p> <p>The L.A. Care Provider Continuing Education (PCE) Program offered several webinars to L.A. Care providers, staff, and other healthcare professionals; webinar topics included:</p> <ul style="list-style-type: none"> • Perinatal Mood and Anxiety Disorders (PMADs) • Post-COVID Care • Women’s Reproductive Health and Cancer Screenings • Pediatric and Adult Asthma Management

Color Indicator Legend	
Green – On target, no issues	Red – Major issues, high risk
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Key Activities	Status	Update
		During this quarter PCE Program webinars had an average of 107 participants and an average of 43% of the total audience were L.A. Care Providers.
Celebrate top providers and improved performance.		The 2021 Provider Recognition Event was successfully held in February and was included in the Q2 progress report. Planning for 2022 is underway.
Offer access to loan repayment and recruitment assistance for new physicians (Elevating the Safety Net).		<ul style="list-style-type: none"> • Provider Recruitment Program (PRP) – We continue to grow the PRP program, with 129 providers hired. • Provider Loan Repayment Program (PLRP) – L.A. Care’s investment in this program has supported 97 actively participating providers to date. With the most recent investment in this program approved by the Board of Governors in September 2021, starting in the Fall of 2021, we anticipate awarding between 30-60 new providers as well as extending awards for 22 providers completing their three year service commitment, for two additional years of awards to pay off their remaining educational debt.
Support practice transformation and use of electronic resources such as Electronic Health Records (EHRs), Health Information Technology (HIE), and virtual care.		<ul style="list-style-type: none"> • L.A. Care and First 5 LA are partnering to help practices improve screening and resources for child development. • HIT and Health Services are finishing the second part of the L.A. Care virtual care strategy which includes advocacy and quarterly market updates. • The eManagement program ended 9/30. • L.A. Care partnership with LANES to support the California Health Information Exchange Onboarding Program (CalHOP) ended 9/30.

Color Indicator Legend			
	Green – On target, no issues		Red – Major issues, high risk
	Yellow – Some issues, probable risks, concerns		Blue – Complete



3 Member-Centric Care

Member-centric services and care, tailored to the needs of our varied populations.

Goal 3.1

Understand our member needs so we can better manage their care and plan for the future.

Key Activities	Status	Update
Use all available data sources, including the Optum Impact Symmetry Suite (Member360), to assess and improve the population health of our membership.		L.A. Care is preparing for an upgrade to the Optum Symmetry Suite. The upgrade adds enhancements to how risk scores are calculated. In anticipation of coming NCQA and CalAIM requirements we are working to ensure that the Optum risk score does not create any biases based on race, ethnicity, language, functional status, or other sources of health disparities. We need to demonstrate to NCQA and DHCS that we have a method in place for addressing and remediating such biases. L.A. Care is still working with Optum to incorporate the results of their person-level Social Vulnerability Index into the user interface of the Symmetry Suite. L.A. Care continues to add more detailed SDOH indicators to our annual Population Health Assessment to identify disparities. We have added race and ethnicity to the Impact Pro tool. This now enables staff to query lists of members based on race and ethnicity.
Incorporate assessment of social needs into the day-to-day work of staff who interact directly with members.		<p>Care Management The Care Management team continues to assess all its members for Social Determinants of Health (SDOH) needs and works to address all identified gaps by educating members about their benefits, such as Cal-Fresh, In-Home Support Services (IHSS), General Relief (GR), Supplemental Security Income (SSI) and linking members to community based resources such as L.A. Food Banks, Project Angel Food, Coordinated Entry System, State Rent Relief Program, and others. Additionally, the Care Management team has been proactive about providing members with COVID vaccine education and linkage.</p> <p>Social Services Compliance hosted a kickoff for the DHCS All Plan Letter (APL) that requires plans to collect Social Determinants of Health data. Health Equity and Population Health Management will help lead these efforts to inform and ensure providers are coding for social determinants of health.</p>

Color Indicator Legend	
	Green – On target, no issues
	Yellow – Some issues, probable risks, concerns
	Red – Major issues, high risk
	Blue – Complete



Key Activities	Status	Update
Improve coordination of care for members with the Care Catalyst initiative, and the Population Health Management System (SyntraNet/Thrasys).		The Utilization Management (UM) module of the SyntraNet electronic platform is actively functioning as the tool for processing authorization requests received by the UM, Behavioral Health, and Long-Term Supportive Services departments. Modifications remain consistent and ongoing, including but not limited to, development of integrated modules such as UM Regulatory Reporting, In Lieu of Services (ILOS), Enhanced Care Management (ECM), and an electronic authorization request submission tool.

Goal 3.2

Address members' unmet health and social needs by making care accessible in the right way, at the right place, at the right time.

Key Activities	Status	Update
Increase access to virtual care by implementing the initial steps of L.A. Care's Virtual Care Strategy.		<ul style="list-style-type: none"> • The Virtual Specialty Care Program's (V-SCP) specialty care contracts and credentialing needs with Children Hospital Los Angeles, HubMD (a Southern California multi-specialty adult virtual specialty group), and Beacon (adult and pediatric psychiatric services) are in the final stages of being completed. • A Direct Network-focused primary care provider and practice recruitment plan has been reviewed and vetted. • The aim is to launch the V-SCP (an end-to-end and integrated eConsult, telehealth visit, and in-person specialty face-to-face program) by January 2022. • The V-SCP program will make available 20 adult virtual care specialties and eight high volume pediatric specialties, which will provide additional access and an organized approach to specialty care resources and telehealth services for both our members and our Direct Network primary care providers.
Expand care management at Community Resource Centers/Family Resource Centers.		In-person interventions resumed as our Community Resource Centers reopened and the Community Health Workers (CHWs) began to meet members face-to-face at the Centers. The Care Management Program will work on deploying the team back in the community beyond the walls of the Centers so that the CHWs can meet members in their homes and accompany them to provider visits. To do this effectively and safely the team will be trained on COVID safety precautions for field visits.

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Key Activities	Status	Update
Implement strengthened or expanded activities to promote equity among members, as recommended by the Member Health Equity Council.		The Member Health Equity Council reviewed its metrics for this fiscal year and have begun to identify new metrics for the upcoming fiscal year. Next fiscal year, we will continue our focus on establishing new partnerships to expand our reach. Food security and black maternal health are two areas of focus. The Consumer Health Equity Council continues to meet on a quarterly basis.

4 Health Leader

Recognized leader in improving health for low income and vulnerable communities.

Goal 4.1

Be a local, state, and national leader to advance health and social services for low income and vulnerable communities.

Key Activities	Status	Update
Advocate for policies that improve access to care and quality of life for low income communities.		<p>L.A. Care submitted a letter to the House Energy and Commerce and Senate Health, Education, Labor, and Pensions committees in response to their May 2021 Request for Information regarding the concept of a public option. L.A. Care’s response addressed the committees’ questions and offered L.A. Care as an example of a successful public option. L.A. Care also held ten congressional office visits in July to further discuss public option legislation and to consider L.A. Care as a viable public option.</p> <p>L.A. Care took a support position on Congressional legislation that would remove harmful barriers to federal public benefits for immigrants. The LIFT the BAR Act eliminates the current five-year waiting period for access to Medicaid, the Children’s Health Insurance Program (CHIP), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and the Supplemental Security Income (SSI) program. This will restore access to critical aid for Green Card holders, DACA recipients, individuals granted Special Immigrant Juvenile Status (SIJS), and other lawfully present immigrants. This bill is sponsored by Congressman Tony Cardenas.</p> <p>Finally, while the Governor’s 2021-22 budget called for providing state-funded Medi-Cal benefits to undocumented individuals age 65 and older, L.A. Care had communicated its</p>

Color Indicator Legend



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Blue – Complete



Key Activities	Status	Update
		support for lowering the age to 50 years and older. The final budget included provisions that would provide these benefits to undocumented individuals age 50 and over.
Demonstrate the value of a public option.		In addition to submitting a letter in response to the Request for Information noted in the update provided above, L.A. Care CEO John Baackes wrote an Op-Ed in Roll Call and a post for the Los Angeles Area Chamber of Commerce Health Care Waiting Room blog this quarter. Both pieces advocate for improving the Affordable Care Act, particularly by establishing a public option, and offer L.A. Care as an example of a successful public option.
Contribute to and participate in the State's Medi-Cal Waiver design efforts to ensure waiver programs support and meet member needs.		L.A. Care has continued to focus on internal readiness efforts in preparation for the aspects of CalAIM set to launch on January 1, 2022, specifically Enhanced Care Management (ECM) and In Lieu of Services (ILOS). We also continue to support waiver design discussions and advocate on behalf of our members through conversations with the state, workgroup meetings, public comment periods, and similar engagement opportunities.
Identify and prioritize actions, programs, and interventions to promote equity and social justice internally and externally, as recommended by the Equity Council Steering Committee.		We are tracking the current immigration and refugee crises for their impact on our members and considering how L.A. Care can best be supportive. We are also examining how we can continue to effectively speak to social justice issues and pursue meaningful interventions.

Goal 4.2

Implement initiatives that improve the health and wellbeing of those served by safety net providers.

Key Activities	Status	Update
Continue and expand the Elevating the Safety Net initiative.		<ul style="list-style-type: none"> • Health Career Internship Program – This quarter, 34 interns successfully completed their internship experiences at Federally Qualified Health Centers, community-based organizations, the Community Clinic Association of Los Angeles County, and L.A. Care. Of the 34 interns, 12 supported projects focused on health equity and the reduction of health disparities, 11 are seeking careers in medicine, and the remainder supported an array of operations and programs. • Residency Support Program (RSP) – L.A. Care's investment has supported 38 residents and 4.0 faculty FTE in L.A. County to date. In August 2021, L.A. Care invited

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Key Activities	Status	Update
		<p>AltaMed, Charles R. Drew University (CDU), UCLA and Adventist Health White Memorial to submit applications for a third cycle of funding. Funding recommendations to sustain residency training are under review and will be available for approval by our Board members as early as November 2021.</p> <ul style="list-style-type: none"> • Medical School Scholarships – Eight new medical students (four at CDU and four at UCLA) started their journey to become practicing physicians with a full four-year tuition scholarship starting in 2021. L.A. Care’s investment now supports 4 cohorts and 32 medical students total. • Provider Recruitment Program (PRP) – We continue to grow the PRP program, with 129 providers hired. • Provider Loan Repayment Program (PLRP) – L.A. Care’s investment in this program has supported 97 actively participating providers to date. With the most recent investment in this program approved by the Board of Governors in September 2021, starting in the Fall of 2021, we anticipate awarding between 30-60 new providers as well as extending awards for 22 providers completing their three year service commitment, for two additional years of awards to pay off their remaining educational debt. • Elevating Community Health – Fifty-four CHWs have participated in the program to date and the third cohort continued its training this quarter, completing three of six continuing education sessions covering Home Visitation, Accompaniment, and Transitions of Care. The Center for Caregiver Advancement’s IHSS training program has graduated 4,181 IHSS workers to date. • National Medical Fellowship (NMF) – The 2021 NMF Primary Care Leadership Program (PCLP) took place June 14-July 23, 2021. With funding support from L.A. Care, three medical students, three physician assistant students and one nursing student were matched with four sites: North East Valley Health Corporation, St. John’s Well Child and Family Center, Venice Family Clinic and Watts Healthcare Corporation. • Keck Graduate Institute (KGI) Master of Science in Community Medicine (MSCM) – Twenty-two students (part of the charter class), who have received full-tuition scholarships, continued their participation in KGI’s new two-year online MSCM program this quarter. Upon completing the MSCM program, which will prepare students to work in underserved and underrepresented communities, students will also have the option to pursue additional training in medicine at KGI.

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Key Activities	Status	Update
<p>Expand the number, size, and scope of our Community Resource Centers to a total of 14 sites across 11 Regional Community Advisory Committee regions in partnership with Blue Shield of California Promise Health Plan.</p>		<p>Eight Community Resource Centers continued operations this quarter. The Boyle Heights location remained closed due to the pandemic but staff was deployed to the East L.A. center. The new Inglewood center is under construction and is scheduled for completion in November 2021. Staff continues to work remotely. New centers in Wilmington and El Monte opened to the public, bringing the total number of operating centers to ten. Larger replacement sites for the Boyle Heights and Pacoima centers have been identified.</p>
<p>Continue to optimize the Health Homes Community-Based Care Management Entity network and improve operations, pending clear direction from the State on Medi-Cal waiver design efforts.</p>		<p>L.A. Care has continued to work with its Health Homes CB-CMEs to support capacity building. L.A. Care hosted a learning collaborative event that focused on themes from care planning coaching and allowed CB-CMEs to share with each other and showcase successes. Additionally, L.A. Care continued its annual audit of CB-CMEs in Q4, and is providing feedback to CB-CMEs to support ongoing performance improvement.</p> <p>Prospective Enhanced Care Management (ECM) providers, including CB-CMEs transitioning from L.A. Care’s Health Homes network, submitted ECM Certification applications and began development of Readiness and Gap Closure plans. The process is intended to support ECM operational readiness for a successful January 2022 program launch.</p>

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Vision 2024



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

L.A. Care Health Plan's Mission, Vision, and Values

Our Mission

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Our Vision

A healthy community in which all have access to the health care they need.

Our Values

We are committed to the promotion of accessible, high quality health care that:

- Is accountable and responsive to the communities we serve and focuses on making a difference;
- Fosters and honors strong relationships with our health care providers and the safety net;
- Is driven by continuous improvement and innovation and aims for excellence and integrity;
- Reflects a commitment to cultural diversity and the knowledge necessary to serve our members with respect and competence;
- Empowers our members, by providing health care choices and education and by encouraging their input as partners in improving their health;
- Demonstrates L.A. Care's leadership by active engagement in community, statewide and national collaborations and initiatives aimed at improving the lives of vulnerable low income individuals and families; and
- Puts people first, recognizing the centrality of our members and the staff who serve them.

L.A. Care Health Plan's Strategic Directions



High Performing Plan

Achieve operational excellence by improving health plan functionality.

Goals

Build out information technology systems that support improved health plan functionality.

Tactics

- Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.
- Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP system, our Enterprise Resource Platform (ERP).
- Complete the implementation of SyntraNet to support operational improvements across the enterprise, with a particular emphasis on appeals and grievances.
- Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.
- Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care's needs.
- Develop real-time interoperability capabilities to share data with providers and members.

Support and sustain a diverse and skilled workforce and plan for future needs.

- Conduct succession planning, particularly at the leadership level.
- Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care's commitment to Diversity, Equity, and Inclusion.
- Support a culture of accountability that encourages transparency.
- Improve managed care and Management Services Organization (MSO) acumen among staff.
- Promote retention of staff in an evolving work environment.

Goals

Ensure long-term financial sustainability.

Mature L.A. Care's family of product lines, taking an "all products" approach whenever possible.

Tactics

- Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.
- Develop risk arrangements for Enhanced Care Management (ECM) and the Dual Eligible Special Needs Plan (D-SNP).
- Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.
- Increase membership across all products by implementing member recruitment and retention strategies.
- Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.

High Quality Network

Support a robust provider network that offers access to high quality, cost efficient care.

Goals

Tactics

Mature and grow our Direct Network.

- Insource delegation functions that are currently outsourced, as appropriate and cost effective.
- Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.
- Strategically address gaps in the Direct Network to meet all member needs countywide.
- Increase access to virtual care by implementing L.A. Care's Virtual Specialty Care Program (VSCP).

Improve our quality across products and providers.

- Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.
- Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.
- Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Distinction.
- Improve clinical performance for children's care.

Invest in providers and practices serving our members and the L.A. County safety net.

- Assist our providers in adopting and using Health Information Technology (HIT) resources.
- Provide practice coaching to support patient-centered care.
- Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.
- Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.

Member Centric Care

Provide services and care that meet the broad health and social needs of our members.

Goals

Tactics

Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.

- Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and In Lieu of Services (ILOS) for specified populations of focus.
- Ensure CalAIM Population Health Management (PHM) requirements are met.
- Monitor and establish infrastructure for longer-term CalAIM initiatives.

Establish and implement a strategy for a high-touch care management approach.

- Maximize use of care managers and community health workers within our care management model.
- Increase use of field-based care management in the community.
- Expand upon our progress with palliative care and add other end-of-life services.

Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.

- Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.
- Identify and reduce health disparities among our members by implementing targeted quality improvement programs.
- Implement initiatives to promote diversity among providers, vendors, and purchased services.
- Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.

Health Leader

Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.

Goals

Drive improvements to the Affordable Care Act by serving as a model of a successful public option.

Optimize members' use of Community Resource Centers and expand our member and community offerings.

Drive change to advance health and social services for our members and the community.

Tactics

- Play a leading role in advocating for a public option at the state and national levels.
- Provide expertise and assistance to other public plans interested in participating in state exchanges.
- Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 50,000 across all centers by Q4 2022 and 60,000 by Q4 2023.
- Partner with community-based organizations to offer a range of services onsite.
- Identify and prioritize actions, interventions, and programs to promote equity and social justice.
- Support regional Health Information Exchanges (HIE).
- Create a deliberate and tailored strategy to address homelessness among our members.

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – September 08, 2021

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Russell Mahler, <i>RCAC 1 Chair</i> *** Estela Lara, <i>RCAC 2 Chair</i> *** Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i> *** Silvia Poz, <i>RCAC 4 Chair</i> *** Maria Sanchez, <i>RCAC 5 Chair</i> *** Andria McFerson, <i>RCAC 6 Chair</i> *** Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i> *** Ana Romo, <i>RCAC 8 Chair</i> *** Tonya Byrd, <i>RCAC 9 Chair</i> *** Damares O Hernández de Cordero, <i>RCAC 10 Chair</i> *** Maria Angel Refugio, <i>RCAC 11 Chair</i> *** Lluvia Salazar, <i>At-Large Member</i> *** Deaka McClain, <i>At Large Member</i> *** * <i>Excused Absent</i> ** <i>Absent</i> *** <i>Via teleconference</i> **** <i>Via teleconference (with technical issues)</i>	Isaac Ibarlucea, <i>Interpreter</i> *** Eduardo Kogan, <i>Interpreter</i> *** Alex Mendez, <i>Interpreter</i> *** Ruth Nuno, <i>Interpreter</i> *** Isabel Romero, <i>Interpreter</i> *** Stephanie Webb, <i>Interpreter</i> ***	Hilda Pérez, <i>Member, Board of Governors</i> *** Layla Gonzalez, <i>Advocate, Board of Governors</i> *** John Baackes, <i>Chief Executive Office, L.A. Care</i> *** Richard Seidman, M.D., <i>Chief Medical Officer, L.A. Care</i> *** Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> *** Auleria Eakins, <i>Manager, CO&E</i> *** Joseph Gonzales, <i>Unified Communication Mobility Engineer I, IT Operations & Infrastructure</i> *** Hilda Herrera, <i>Community Outreach Field Specialist, CO&E</i> *** Nicole Justo, <i>Community Outreach Field Specialist, CO&E</i> *** Linda Merkens, <i>Senior Manager, Board Services</i> Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> *** Amber Perrier, <i>Managed Care Pharmacy Resident III, Pharmacy & Formulary</i> Cindy Pozos, <i>Community Outreach Liaison CO&E</i> *** Siddharth Raich, MPH, <i>Project Manager II, Quality Improvement Department</i> Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&E</i> *** Victor Rodriquez, <i>Board Specialist, Board Services</i> *** Prity Thanki, <i>Local Government Advisor, Government Affairs</i> *** Martin Vicente, <i>Community Outreach Field Specialist, CO&E</i> ***

(The minutes were written without the support of an audio recording, which was not available for this meeting.)

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Fatima Vazquez, <i>ECAC Chair</i>, called the meeting to order at 10:03 a.m. She read the instructions on today’s meeting agenda.</p> <p>California Governor issued Executive Order N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:</p> <p style="text-align: center;"><u>Teleconference Call –In information/Site</u></p> <p style="text-align: center;">Call-in number: 1-415-655-0002 Participants Access Code: 146 246 4740 (English) Call-in number: 1-415-655-0002 Participants Access Code: 146 569 9874 (Spanish)</p> <p>Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COEpubliccomments@lacare.org or by sending a text or voicemail to (213) 503-6199.</p> <p>The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. If you do not indicate an Agenda item for your comment, your comment(s) will be read for up to 3 minutes at item IX Public Comment on the Agenda.</p> <p>Comments received by voicemail, email or text by 10:00 a.m. on September 8, 2021 will be provided in writing to the members of the Executive Community Advisory Committee at the meeting. Once the meeting has started, emails and texts for public comments should be submitted prior to the time the Chair announces public comments for each agenda item. The Chair will announce public comments after the agenda item has been presented and before ECAC has the opportunity to discuss the agenda item. Public comments will be read for up to 3 minutes at the meeting.</p> <p style="text-align: center;">All votes in a teleconference meeting shall be conducted by roll call.</p> <p>If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by text (213) 503-6199 or by email to COEpubliccomments@lacare.org.</p>	

<p>APPROVE MEETING AGENDA</p>	<p>Chairperson Vazquez asked any members having issues obtaining health care services to please reach out to L.A. Care Health Plan Member Services at 888-839-9909. <i>(The committee held a moment of silence for Nesima Istrefi, CCI Council Area 4 Member.)</i></p> <p>Andria McFerson, RCAC 6 Chair, stated. “ECAC needs to be more proactive than reactive. We don't have an opportunity to respond to the agenda items that are spoken about during the meetings and also speak to ourselves about different things going on in the community during these extended waiting times. We need more time to speak placed on the agenda and less time allocated towards presentations. I'm not saying that we should have less presentations, but they should not be 20 minutes long each. They should be just like maybe broken down into layman’s terms, how it affects us and maybe some sort of example. Just so that we can have all of the information, yet it may be shorter presentations so that we can have an opportunity to react and speak about ourselves. Thank you.”</p> <p>Tanya Byrd, RCAC 9 Chair, asked about the moment of silence that was held. Chairperson Vazquez responded that the moment of silence was held because Member Istrefi passed away. She had been working as a volunteer for L.A. Care and was part of CCI Council Area 4 that represented Long Beach.</p> <p>Deaka McClain, <i>Member At-Large</i>, asked that the committee hold a moment of silence for Bertha Poole, <i>CCI Council 4 Member</i>.</p> <p>The Agenda for today’s meeting was approved, as submitted.</p>	<p>Approved by roll call. 12 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Mahler, Lara, McClain, Poz, Refugio, Romo, Salazar, and Vazquez)</p> <p>1 NAY McFerson</p> <p><i>(Maria Sanchez, RCAC 5 Chair, did not respond due to technical difficulties.)</i></p>
<p>APPROVE MEETING MINUTES</p>	<p>Member McFerson stated that she does not understand what one of the comments she made is referring to and she requested a copy of the meeting recording.</p> <p>The July 14, 2021 meeting minutes were approved as submitted.</p>	<p>Approved by roll call. 11 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Mahler, Lara, McClain, Poz, Refugio, Romo, Salazar, and Vazquez). 1 NAY, McFerson.</p> <p><i>(Maria Sanchez, RCAC 5 Chair, did not vote due to technical difficulties.)</i></p>

STANDING ITEMS

UPDATE FROM CHIEF MEDICAL OFFICER

Richard Seidman, MD, MPH

Richard Seidman, MD, MPH, *Chief Medical Officer*, reported:

The COVID 19 pandemic rates of infection and deaths are leveling off in some areas. Nationwide there is a leveling off which depends where you are in the country; things are getting better, but there are still high levels in the deep South. Rates in the Midwest are increasing. In Idaho, they have announced implementing standards for care due to high hospitalization rates. The hospital system has surpassed the breaking point, and they are no longer taking in patients in the same manner that they did before the increased rates. Health plans like L.A. Care have been intensely promoting safety requirements and encouraging vaccination. The current surge in COVID 19 cases is starting to go down; the positive test rate is declining along with other rates such as hospitalization and deaths. For members that are 18-49 years of age, case rates are coming down, but we are seeing young children and teenagers with increasing case rates. Many kids have gone back to school and the number of schools with COVID outbreaks have increased, even where multi-layered safety precautions are being taken.

There are 145,000 cases and nearly 1,000 new cases in the past week with 20 deaths, largely occurring in the unvaccinated population. He urged everyone to get vaccinated. The statements that have been made by public health officials are largely true, even though there is a small percent of cases for people who have been vaccinated. These cases are usually asymptomatic or with mild symptoms, and a low number of cases resulting in death.

People have asked what is a booster shot or asked if it necessary. A booster shot is getting another shot after when fully vaccinated. In the U.S people may get booster doses by September 20. The Centers for Disease Control (CDC) will indicate when booster shots can be given routinely to the millions of people that have been vaccinated. The booster shot first must be approved by the Federal Drug Administration (FDA) and recommended by the CDC. Information in the media may be speculation or ahead of the FDA and CDC recommendation. He recommended getting a vaccine as soon as possible. He recommended that those who are curious about the need for a booster shot should seek one when it is recommended. So far, the vaccine has been proven to be safe and effective for women with an unborn child or who are breast feeding. Being pregnant is a high-risk condition. He noted that too many pregnant women have died from COVID-19. L.A. Care has heard stories of emergency room C-Sections for the unborn child. Often times the infant survives without a living mother.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, RCAC 2 Member, via phone call on September 7 at 4:30 p.m.:

Good morning madam chair of the ECAC and members of the ECAC, good morning Mr. John C Baackes, chief executive officer, staff, and public. Good wishes to the Jewish community on their holidays and the native American day. I would like to express my sympathy to those who lost families in Afghanistan.

I will like to also remind everyone don't forget to vote on September 14th.

Dr. Seidman

Good morning Dr. Seidman, chief medical officer, how can a member play a more active role and encourage those who have not been vaccinated to get vaccinated in a very sensitive way.

Also I would like to inquire about the booster shot, if a person requests the booster shot, for those who already got the two vaccine shots, what impact will it have if they chose to ask their provider? Please respond!

Dr. Seidman responded that booster shots have not been recommended and suggested that each person reach out to their doctor to confirm what action is right for them. He thanked Ms. Cooper for her questions. For members, the best thing is to encourage members of the community to be vaccinated, be curious and have honest conversations with people to understand where people are coming from. Anyone who has chosen not to be vaccinated has reasons. He recommended that they ask questions and listen closely to what others are saying, and do your best to provide factual information. He recommended checking the CDC and L.A. County Department of Public Health websites for accurate facts, and not repeat misinformation. He noted that over 1 million L.A. Care members are now partially vaccinated, with a lot more members eligible that have not yet been vaccinated. The vaccination rate is about 55% of the eligible memberships age 12 and up. The vaccination rates of L.A. County and the state of California at 76%, so L.A. Care members are more than 20 percentage points behind the county at large and the state at large. Your help is appreciated in reaching out to friends, family, and community, encouraging them to get vaccinated.

Member McFerson stated, "Hello, Dr. Seidman, welcome, welcome. It is always good to hear from you. You give necessary information that we all need and I appreciate that. Unfortunately, soon, we may have less community outreach in this department and our resource centers, due to new stipulations like the limited capacity you spoke of healthcare treatment because of safety precautions. The staff and the volunteers may not be able to publicly give back to the community because they are now saying that it is not healthy. I just received that information from staff. They may be changing that so that we may not be able to give out to the community different events and things like that. I believe those people who receive vaccinations with proof should be able to actually assist the public who

may be hungry or needing health resources. They don't have smart phones and different things like that. We can give out necessary health information person to person. I think that is very important and very beneficial. It's a feasible plan. Also, can you speak about the back-to-school event you attended for the Inglewood Resource Center? And if you have any suggestions that may positively change the next community event, to reach out to more people will. Also, can we distribute flyers? Maybe even during events about easier access to locations for the vaccination. You always speak very beneficially about how people need to get vaccinated and how we should be able to reach out to the community better to get them vaccinated. Like I said, a positive impact on vaccinations has been with maybe flyers, person to person, letting people know about locations of free vaccinations. Also, maybe stories on the flyer, basically, with pictures of Mr. John Baackes. I've seen the pictures of him smiling while getting, you know, the vaccination. Also, myself. Other members that may be just like the members who need to be vaccinated. If they can be on the flyer so that people can trust the vaccination more, seeing people just like them. Person to person contact on the flyers during the events also. It affects many people positively. Do you think that you can answer my request today? My questions?"

Dr. Seidman deferred to Mr. Baackes to respond to Member McFerson's question.

Mr. Baackes stated that it is nice to see her and all ECAC members at the meeting. Yesterday L.A. Care announced that all of its public facing employees, which includes all of the community resource center employees and staff, are mandated to be vaccinated within 30 days. There may be a religious or medical exemption. L.A. Care feels it is critical that it maintains a standard to make its employees safe. There are about 120 employees who are affected by this new rule. Most employees will not return to the office until January. L.A. Care will continue to monitor the situation. L.A. Care will also contact vendors and contractors, particularly contractors who work at the community resource centers, and they will also have to be vaccinated. His expectation is that when L.A. Care employees come back to the office in January, the vaccination mandate will be extended to all employees. California has launched a vaccination incentive program with a fund of \$50 million to be distributed among all the Medicaid managed care plans, which includes L.A. Care. L.A. Care submitted an application on September 1 to participate in this program, which was approved by 10:00 the next morning. What that means is that L.A. Care will get an advance of some funding for vaccine incentives. L.A. Care will partner with people to encourage getting a vaccine. There are folks who are working, who do not want to take the time off to get the vaccine. L.A. Care is also concerned that if someone has a reaction to the vaccine, they may lose time at work. He will provide more information on that vaccination incentive plan at a future meeting.

Dr. Seidman stated that if he heard Member McFerson correctly, most of her comments are suggestions of how L.A. Care might advertise to reach people in our communities. He deferred that question to the community resource centers and communications teams, who may be better able to answer her question. The back-to-school event in Inglewood was fantastic, from his perspective. He understands her concern that it might not have been as well advertised and attended as we might have hoped. It is certainly a good recommendation to distribute flyers with a personal message. L.A. Care is planning on a series of flu vaccine clinics in the coming months, and the team will consider it for those future events.

Mr. Baackes stated there were nine back-to-school events. He attended one in Pomona, held on a Saturday morning with mild weather. When he got there, there was a line of cars five blocks long. He thinks staff gave away 3000 backpacks that day and there was still a line of people at the end. This event included walk-up as well as drive-in access, and there was a lot of publicity. He thinks by and large, it was a success, and there is always room for improvement.

Hilda Perez, *Member Representative, Board of Governors*, stated that she would like to represent her country because this is the independence month. She thanked Dr. Seidman for the multiple interviews and lines and articles that are posted on social media in regards to the booster vaccines which is, right now, a common denominator, a common question within the communities. She thanked him for addressing that issue during his report. Many people are talking about the two doses vaccines, the Pfizer and Moderna. She understands that he spoke about researching and looking for the sites that are reliable in regard to the information. She asked about those who just received the one Johnson & Johnson vaccine. She believes they are recommended to do the same. Echoing a little bit of what Member McFerson mentioned, those undocumented individuals that are over 50 years' old that are going to be involved into Medi-Cal soon. They were talking about how many of them were vaccinated. She asked how many were vaccinated. She mentioned that she was reaching out to her department. She asked about the campaign to distribute this information to different communities. She noted that RCAC members are eager to participate. There was already some effort in regard to sharing what the state Ambassador program is, but overall, she can say that the members are eager to join. This has been taking place either in person or virtually. When they saw there was an opening and the case numbers were going down there was hope that RCACs were going to reconvene and meet in person again.

Dr. Seidman thanked Board Member Perez for her comments. He will be following up with the Department of Public Social Services to explore how L.A. Care can collaborate with them and further the outreach and educational effort for Medi-Cal, for the current members and for people who may become members down the road with the expansion of Medi-Cal to the 50+ undocumented. L.A. Care welcomed the offer of further involvement

	<p>for the RCAC members. He noted that her earlier question about the recommendations for booster shots for people who got the Johnson & Johnson vaccine. Again, just like for Pfizer and Moderna, there is no formal recommendation yet. There has not yet been approval by the FDA or recommendation by the CDC. Those studies are ongoing. There is not yet sufficient data to support the national recommendation for the use of booster shots. The reason to do so is to extend protection from the primary series. What is not available yet is that the primary series of the COVID-19 vaccines has diminished enough to worry about. Enough to use another several hundred million doses of vaccine to boost immunity to protect for another extended period of time. There are many people looking at the data nationwide. When the recommendation is formally made, L.A. Care will make getting the booster as easy as possible on members. L.A. Care will post it on the website and will send out member communications to make sure that everybody knows that the boosters are approved and when to get it. The original speculation was to get a booster about eight months after the vaccination was completed. The very first people to get vaccinated completed the vaccination series in January. Eight months after January is September.</p> <p>Lluvia Salazar, <i>At-Large Member</i>, stated that “Jane the Virgin” held a livestream on Instagram. She was not informed about this campaign but she attended and enjoyed both livestreams. There are more than 1 million MediCal members in addition to 1 million members in collaboration with our plan partners. She was disappointed to see less than 200 people join this Instagram live. She believes it could have been more heavily publicized. Many people could have taken advantage of that if they would have known. She noted that it was a great opportunity to get a lot of people on board. She stated that there was a resource center opening and members in her region did not get notified. A lot of people did not get notified. There is a lot of problems with communication. Something needs to be done about this.</p> <p>Dr. Seidman thanked member Salazar. He apologized that she got late notice. Mr. Baackes said L.A. Care is always learning how to do things better. He is sure he would have wanted more people to know about the program, but hopefully the people who did attend, also shared with friends and family and community. He appreciates her comments.</p>	
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p> <p>John Baackes</p>	<p>John Baackes, <i>Chief Executive Officer</i>, gave the following report:</p> <p>He thanked everyone for attending the meeting and giving him the opportunity to speak at ECAC. He will try to stay within 10 minutes. He stated that January 1 is going to bring a lot of changes for people who are Medi-Cal beneficiaries. The number one change is the prescription drug carve out. There will be a 60-day notice sent on November 1 by California Department of Health Care Services which will alert everyone that their drug benefits will go into a new program on January 1. Members will get a second mailing on December 1 that will come from L.A. Care. At the Board retreat last week, Ms. Gonzalez</p>	

suggested that the notice should be sent out in a bright colored envelope so it isn't thrown away. L.A. Care has taken that comment very seriously. L.A. Care can't do anything about the states mailing with the notice. Members will be getting new ID cards issued by the state for prescription drug benefits. All phone calls relating to prescription drugs will go to a call center the new pharmacy vendor is running. He feels it is an unfortunate step, because it puts a burden on the members. Having two cards and another phone number they have to have available if they have a problem with prescription drugs. L.A. Care will not be empowered any longer to help members with pharmacy issues. That is the number one change. The second change is that the state is adding new benefits under a program called Cal AIM. There is enhanced care management with a group of services. Most members involved in a session that L.A. Care had to decide what in lieu of services L.A. Care should cover. The main problem L.A. Care has with these new benefits is they are for existing members who are right now in two demonstration programs. One called whole person care and one called health homes. If Members are in one of those programs, they have a case manager. Both those programs will end on December 31, and the new programs begin January 1, 2022. There are tens of thousands of people L.A. Care must make sure to transfer from the old programs to the new programs, in a way that members don't lose out on the benefits. The problem is that the criteria for the new programs are different from the current programs. L.A. Care will be working very diligently to assess everyone currently covered within the first six months of next year to see if they qualify for the new program. If they don't, we will have a plan to make sure that services continue to be provided to them in some way. L.A. Care will contact each of those people for this transition. The other change that will start next year, is redetermination of eligibility for Medi-Cal. The California Department of Health Care Services will have one year to go through the backlog of redeterminations. If people were ineligible at some time during the pandemic, they will not lose benefits as long as they are currently qualified. L.A. Care will do whatever it can to assist members. There are some members who will automatically be re-determined for eligibility. Not everyone has to fill out the paperwork, it appears that about 40% have to fill out the paperwork. No redeterminations are being done until the public emergency is declared over. It will probably start early next year. CalFresh, which is the state version of the federal SNAP program for food stamps, will increase the amount of money available by about 25% beginning in October, 2021. This is a very important addition to the tools L.A. Care has for members who experience food insecurity. The application for Cal fresh goes through the Department of Public Social Services, it can be done online or by phone. He noted that Mrs. Cooper suggested that L.A. Care members who are facing trouble with rent receive information about the eviction moratorium. The eviction moratorium will run out in October. There is money available to pay back rent and utility bills. A suggestion was made that L.A. Care use its resource centers as a place to disperse information. It is a great suggestion, but what L.A. Care is doing instead is funding ten different agencies who are in

business to help people with eviction issues. Rather than try to train people, L.A. Care will direct members who are interested in information to one of those ten agencies.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, RCAC 2 Member, via phone call on September 7 at 4:30 p.m.:

Mr. Baackes:

Good morning Mr. Baackes, chief executive officer, thank you for your presence today, I would like to inquire, how can members be more effective in getting the board to consider items and issues that impact the community, like motions and policies for those L.A. Care members etc. who are at risk of being evicted or foreclosed due to nonpayment of rent under this economic environment. The paperwork is very complicated for tenant and landlord to fill out. I would like to see if you can recommend the board of governors to play a role in communicating this to policy makers through government affairs and get that paperwork to receive funds, be reduced and make it easier for people to attain those funds.

Communications and community relations.

Dr. Eakins, thank you for the work your departments do. How can RCAC members be more effective on adding items to the agenda? how can you encourage the RCAC chairs to be more proactive in communicating with the field specialist and staff, to communicate with RCAC members?

Flu Vaccine

When do you recommend the public should start getting the flu shot and is it free?

I am also encouraging everyone to get the flu shot, it is very important.

Mr. Baackes replied that L.A. Care will develop a fact sheet with the agencies that it has funded that are there to help for people to call. L.A. Care will work on getting that information distributed.

Ms. Perez thanked Mr. Baackes for presenting the scholars at the beginning of the meeting. She said members have been expressing their interest in knowing who they are. She understands that these difficult times L.A. Care has had the opportunity to meet virtually. She knows conducting meetings is complicated. There are many different times of resources offered to members in terms of technology and how to get a computer and download an app on their smart phone. But still, if L.A. Care can read between the lines, it is the members saying they feel like there's not a lot of communication going on. Despite all the efforts of CO&E staff, she would like to say thanks for listening to their concerns, phone calls, and sending information. But there's always room for improvement. And until now, members are saying, they are not getting the communication they need. In regard to social media platforms, Instagram or Facebook, L.A. Care and the website, not many people have the curiosity or the accessibility to get into those to get to know about this important topic like mentioned this morning. This type of communication, that allows people to make

comments and ask questions. Their concerns should be listened to. She is sure the Communications Department and staff are listening to them. She would like to pay respect to them in regard to that. For example, the back-to-school events, during the board retreat she asked for a presentation so they can get to know what they do and the efforts they make in order to spread the word. In some of the events, there was a lack of people coming in. She believes there is room for improvement when these events are conducted. What can be done now to improve the flu vaccine events coming up? There is a learning opportunity to do things better. The letter sent out in regards to the pharmacy carve out should be bright to call their attention and not to toss it right away and to get curious about it. We can establish some other methods like sending text messages, if possible. Use the social media forms as well. Give members something to do. Her question is, this is the only opportunity she has to talk to Mr. Baackes in front of the members, the people who believe in me. She asked if Mr. Baackes could elaborate more on the fact that L.A. Care awarded \$100,000 to Martin Luther King Jr. community Hospital to increase capacity and capabilities of the hospital in the post discharge clinic treating members of the community in South Los Angeles. At one point during the pandemic, December or January, the community in South Central or South L.A. was heavily impacted, front-line workers were sick, and the hospitals were crowded. She asked that he elaborate on this.

Mr. Baackes responded that he can read between the lines, and it is loud and clear: L.A. Care can improve communications. Whenever he surveys employees or customers, that is always the comment that comes up first. More communication. L.A. Care can constantly improve the level of communication. He mentioned earlier, coming up with fact sheets on the rent issue and how people can get vaccinated would be a way that it can improve communication. The grant L.A. Care made to MLK was from the community health investment fund. The amount was \$500,000, for MLK to use in its long COVID clinic. Which means people who have had COVID-19 and still have lingering effects, have a clinic. The community was heavily impacted. He would say MLK Hospital probably had the most number of COVID-19 patients as a percentage of licensed beds, of any of the hospitals in the L.A. Care safety net. MLK has 130 licensed beds. They had about double that capacity at one time during the worst of the past winter. All the licensed beds were filled with COVID-19 patients. L.A. Care worked with MLK on that. He will make sure the Communications Department distributes to the ECAC members an article that appeared in the Atlantic magazine this month. He will make sure that gets distributed. It is in the current issue of Atlantic magazine. As soon as the public emergency is over and L.A. Care can have a public meeting, it will. It is over a year past when members should have been able to elect representatives to the Board.

Member McFerson said “Thank you. Just an FYI, I sent out a link to L.A. Care staff members about the government website to receive your QR code for proof for that you

have been vaccinated and also the easy way to find a free vaccination clinic. Hopefully that will be distributed soon. I was trying to be proactive, like I said before, instead of reactive. I do have some positive suggestions. First, about the topics we are talking about during the meeting. New resource centers are being opened all over L.A. County, but yet in a predominantly colored community in Inglewood where there are many black people suffering from the highest major illnesses and mortality rate. The FRC is closed, temporarily, but it is still closed. It was always the smallest and least involved in the community. Like the event that we did have with the least amount of backpacks and different things like that, allocated to the community. With that being said, I wanted to know how much can we actually publicize things? And actually how can we publicize things? I was dancing on the corner. I'm pretty sure they told you. But I literally danced on the corner for over an hour. Just to give people at a cross-section on the road, information about free backpacks. Waving a flag and holding backpacks and letting them know it is free. Just go in and we give free school supplies and free backpacks. We gave out over 100 supplies while I was out there actually telling people that this was happening. And if we actually had more publicity on the gates of the location, on the outside, that would've been great. And also the DJ was on the inside of the parking lot and no one could hear him in the public. It would have been better if he was outside instead of inside the parking lot, all the way on the inside, where the public could not see him. That would've open a lot of people eyes and they would have gotten the necessary resources for their kids. Also there needs to be more balanced agenda. We talked about that before. For members to have more of an opportunity to speak about important information that people are impacted with. During today's times, we need more time for the ECAC to have a dialogue, during the meeting. So far, it is going well today.”

Mr. Baackes responded that the meeting is actually going pretty well, and he thinks the future should be this interactive and engaging. It is difficult for anyone to receive information if they don't have computers or smart phones or Wi-Fi, in general. For something as simple as connecting to their doctor for appointments. People need to practice more technology justice, such as teaching low-income members, who may not be aware of how to use Zoom or how to use their phones, to make appointments for doctor visits. L.A. Care needs to be able to give them more information on how to do that. Auleria Eakins, *Ed.D, Manager, CO&E*, talked about it and she referred L.A. Care to some information about outside options for different organizations. He would like LA Care to be more involved in that. He stated that vaccination flyers are a great idea. L.A. Care can give out flyers at events. The motion that was passed on September 21 for \$6 million for the medical school loan repayment program, the providers that were allocated to receive this or interact with this or whatever, they should have a survey distributed to their patients so we

	<p>can learn how patients feel about how convenient the location was and the level of care they received.</p> <p>Chairperson Vazquez thanked Mr. Baackes for his report. She would like him to know it is valuable for the members of the plan to hear from him. Because he does represent a slice of the membership L.A. Care is taking care of. All of the information is very important to them. She is particularly interested in using the community resource centers more than they have.</p> <p>Mr. Baackes replied that one thing that L.A. Care is going to do in the resource centers that has been delayed by COVID-19, is moving its nurse care managers and community health workers into the centers. They do their work telephonically now and L.A. Care would like to have them working out of the community resource centers so they can have more face-to-face contact with the patients they are taking care of. When a community health worker goes into a member's home, they learn valuable information that can help L.A. Care in putting together the care plans for the member. That is one aspect of the resource centers that we have not exercised yet.</p>	
<p>BOARD MEMBERS REPORT</p>	<p>Layla Gonzalez, <i>Member Advocate, Board of Governors</i>, and Hilda Perez, <i>Member Representative, Board of Governors</i>, reported <i>(a copy of the report can be obtained from CO&E)</i>:</p> <p>The Board of Governors met virtually on September 2. Meeting materials are available on L.A. Care's website and a list of approved motions can be obtained from CO&E. The next Board meeting is tentatively scheduled on October 7 <i>(the October 7 meeting was subsequently cancelled and the next meeting is on November 4)</i>.</p> <p>Ms. Gonzalez would like to thank all of the members that have listened to the Board and the ECAC meetings this month and in the past. She thanked members for all of their comments and questions. She tries to be proactive in answering their questions. Mr. Baackes and Dr. Seidman made her report easier, and she thanked them for their reports. She encouraged people to contact Medi-Cal regarding eligibility redetermination. She reminded everyone that by not responding or not reacting to those redeterminations, they may experience a disruption in their coverage. She does not want that to happen to any member. She urged everyone to contact Medi-Cal to make sure all paperwork is in order. She urged everyone to continue to encourage people to get vaccinated. It is so important that people try to the vaccinations when people are able to do so. She noted that many people may be hesitant, they may be scared or have other reasons, probably religious reasons, maybe many of people have decided not to get vaccinated. She asked that everyone to continue to wear masks. If necessary, wear a double mask. She sent her condolences to Nesima Istrefi's family.</p>	

She noted English was not Ms. Istrefi's native language and yet she made every effort, to communicate her concerns. She was a very strong person and she will be greatly missed. Please remember that the rent moratorium will end September 30, unless they decide to extend it. Unemployment benefits have also ended. This will put a great strain on everyone. Supervisor Holly J. Mitchell had mentioned at the board of governors meeting a website, housingiskey.com. It is a great website to link people to more information about the rent moratorium and the resources available. She requested that L.A. Care give an update, but has not received a response yet.

Ms. Perez thanked Ms. Gonzalez for raising the issue. She would like to know more about the allocation of funds and the effectiveness, especially with the homeless population. She mentioned the importance of the rent moratorium and being able to get those resources out to the members. Mr. Baackes mentioned that he will make that information available and to continue to fund grants for more organizations. Right now the CRCs are closed and public meetings are not being held. She encouraged people to get vaccinated and keep covering up so that things can go back to the way they were.

Ms. Perez said that she just would like to add to comments about the back-to-school events and the giving out of backpacks and school supplies. She believes this is more of a Communications Department question, they could do a better job than herself on reporting on this. She said they listened to concerns from last year and they had more backpacks to distribute. In some centers or sites, there was a lack of people coming in and getting the backpacks. In some other ones, it was the opposite: there was a lack of backpacks and a lot of people, supplies ran out. In Wilmington, they did not have that many backpacks. She would like to know what will happen with the rest of the backpacks. She noted that the Wilmington Family Resource Center will have a ribbon cutting ceremony on October 1. She asked that the Communications Department or Dr. Eakins to tell us which of those events are open for the public and which require an invitation.

Estela Lara, *RCAC 2 Chair*, said she that Ms. Perez is excellent at serving ECAC and updating them as needed. She brings information to the members every ECAC meeting. And that is as important as representing their input, feedback, and concerns. She thanked Ms. Cooper for addressing the issues to the members and to ECAC and the board members. She thanked her for the suggestion she brought up earlier today. To anyone else who would like to say something or make a suggestion, feel free to do it. Sometimes they don't have the access they wish they had, but just be persistent and they will get to some solutions to their concerns.

Member McFerson stated "We have a high diversity back at home in the Midwest. My friends were Latino and white. And that is how we communicated. It is normal in the Midwest. And we used to sing a song called, Cinco de Mayo. That is what we used to do.

	<p>That was normal. The comments I wanted to make, we need to talk about the robo calls. They are doing a presentation today about the robo calls. I don't know if it does already, until calls to members you may lose the coverage due to lack of redetermination. We can talk about that meeting, may be giving them suggestions on how we can use the robo calls. I don't know whether they have background music or use the proper verbiage that we communicate with our community better, so they can actually listen and not hang up like it is spam. That would be great. People are going to lose their coverage. Period. Also, with the COVID-19 rent relief, I think it is a good idea to disperse the information that Supervisor Holly J. Mitchell did speak about. And she spoke about, what was the program that she talked about? Housing is key. It would be great to disperse that information to people and also email. The CA 19 rent relief program, that is available also. We need to disperse information with each other about different rent relief programs, definitely. It is necessary. We do need a specific update about the money allocated to Brilliant Corners and what they have done specifically with their members. Success stories or something like that. And the plan that they implemented. We still don't know that, because \$20 million, so far they helped 320 people per se. \$20 million, that gives like \$62,000 to each person. If you divide \$20 million by 320. That is what we really need to know. I know it is four years, they are not done yet. There may be more people in the future. But we do need an update. Just FYI. There are homeless people out on the streets. They need help. Thank you.”</p>	
<p>COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p> <p>Auleria Eakins, Ed.D.</p>	<p>Auleria Eakins, <i>Ed.D., Manager</i>, gave the following Communications and Community Relations update (<i>a copy of the report can be obtained from CO&E.</i>):</p> <p>Diversity, Equity and Health efforts</p> <ul style="list-style-type: none"> • Another plug for Elevating the Safety Net programs – Medical School Scholars initiative. For the past four years L.A. Care has supported Charles Drew and UCLA by sponsoring medical students who have expressed a desire to provide care to underserved communities. • Part II of the Asian Health Series will take place at the end of this month the focus will be on the Cambodian community and access to care. CO&E is working with the Cambodian Association to confirm the presentation date which will be September 21 or 23. She asked that everyone pencil in the dates and they will be confirmed by CO&E Staff via text, email and phone calls. <p>Rental Assistance Information</p> <p>Mr. Baackes provided information on L.A. Care’s efforts to support multiple organizations that assist the public with rental assistance information and support. Leadership has asked CO&E staff to schedule and plan an informational session for members to learn and connect with agencies to assist members.</p>	

Dr. Eakins shared another resource House Key.Com. This resource was shared by members and Supervisor Holly J. Mitchell. She asked that members connect with your Field Specialists for more information about this resource and more.

COVID-19 Informational

COVID-19 Update with Dr. Seidman will take place September 28, 2021, with the recent increase in COVID-19, talk of booster shots, and vaccine hesitancy.

Tech Justice

As we continue to address tech justice we will be co-hosting a Tech Justice /Access Seminar in honor of “Tech Inclusion Week” from October 4-8. More information will follow.

Closed Captioning

She thanked RCAC and ECAC members for their continued advocacy for all L.A. Care members, she happily announced that closed captioning is now an added feature for meetings upon request of the member to your Field Specialist at least one week prior to ECAC. She thanked them for their cooperation. She shared this information, because she wanted to encourage them to take advantage of the many resources and programs that are available to them.

Ms. Perez emphasized that CO&E department has been addressing multicultural or multi-linguistic issues like paying attention to events or how L.A. County will address Black history month and Hispanic Heritage month. She noted that she mentioned the Cambodian Community. All of these things support being inclusive. She asked that she please elaborate on what CO&E is doing in regards to Black History month and elaborate on the panel discussions and member dialogues.

Dr. Eakins replied that the questions she had in regard to the lack of communication for the back-to-school events, she is unsure if she will be able to answer those or if will be someone from the Communications Department that will address those issues or concerns with them. Black history month, there is no plan as of yet. They have a meeting coming up on the September 22, and that is an opportunity for them to work with an ad hoc committee to begin planning the efforts for February. Right now it is like a blank sheet of paper and hopefully after the meeting we will have come up with some ideas that we can move forward for February 2022. As it relates to the health equity presentations, that is the effort to align ECAC to the overall organizational goals. What it takes not just for consumers, but also for staff. The effort was to align and do an activity or a program that aligns with the request by leadership. In terms of backpack overage, she would have to reach out to Francisco Oaxaca, Chief Officer of Communications and Community Relations.

Member McFerson replied, “With that being said, the Asian health part? I am looking forward to hearing about what has impacted the Asian community. And I think that is a

	level of empathy training to all of us. So that we can know exactly what we are dealing with and the decisions made for the Asian community.”	
MEMBER ISSUES	<p>Chairperson Vazquez asked the committee if they have any member issues that they would like to discuss.</p> <p>Member McFerson stated she has a friend that is developmentally delayed and is making very positive decisions.</p> <p>Member Byrd stated African Americans are not treated correctly by their primary care physicians pre and during the COVID-19 pandemic.</p> <p>Member Vasquez stated that members are being referred to a specialist by their assigned primary care physicians. Once the members call the specialist for to make an appointment there is no answer and if a message is left no one returns the phone call.</p> <p>Member McClain stated the services with Call the Car are improving but when it comes to using them for emergency services they will not take you or pick you up.</p>	
OLD BUSINESS		
PUBLIC COMMENT SECTION	<p><i>(The following part of the meeting was not captured by the recording or closed captioning.)</i></p> <p>Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i>, led the committee in a discussion about Public Comment during ECAC meetings.</p> <p>Member McFerson stated that public comment is lack luster. She asked why would you place the comment after the presentation, but the comments need to be submitted before the meeting. She noted that public comment should be diverse to the public’s needs.</p> <p>Ms. De La Torre called for a vote to move forward with the current process in place for managing public comment at ECAC meetings.</p>	<p>Approved by roll call. 10 AYES (Byrd, Cnteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, McFerson, Poz, Refugio, Romo, Salazar, and Vazquez) 1 Abstention (Sanchez)</p>
NEW BUSINESS		
ELIZA RESULT SAUMMARY Siddharth Raich	<p>Siddharth Raich, <i>Quality Improvement Project Manager II</i>, gave the following report about automated robo calls made using vendor HMS-ELIZA <i>(A copy of the report can be obtained from CO&E.)</i>:</p> <p>Calls went out to more than 44,000 people Calls included:</p> <ul style="list-style-type: none"> • Asthma calls 	

	<ul style="list-style-type: none"> • Condition Management (Diabetes and Hypertension) • Disenrollment Survey <p>Approximately 88% of members stated the found the information to be helpful. Asthma calls included the option of a live agent transfer</p> <p>Asthma Response Summary</p> <ul style="list-style-type: none"> • 85% of members continued in English and 15% continued in Spanish (n=340) • 22% of members were concerned about side effects while 78% were not (n=181) • 88% of members stated they found the information of the call helpful (n=115) <p>Condition Management Response Summary Part 1</p> <p>Introduction:</p> <ul style="list-style-type: none"> • 71% of members continued in English and 29% continued in Spanish (n=8457) • 89% of members passed the date of birth validation (n=6543) <p>Diabetes:</p> <ul style="list-style-type: none"> • 90% of members stated they will get a diabetes test soon (n=2744) • 49% of members stated they need to find an eye doctor for their eye exam (n=78) <p>Condition Management Response Summary (continued)</p> <p>Blood Pressure:</p> <ul style="list-style-type: none"> • Blood Pressure Intent: 66% of members plan to see their doctor soon to have their blood pressure checked (n=1126) <p>Blood Pressure:</p> <ul style="list-style-type: none"> • 54% of members stated their level was below 140/90 the last time they had it checked (n=3801) <p>Medication:</p> <ul style="list-style-type: none"> • 94% of members stated they always take their medication as prescribed (n=3519) <p><i>(The member who made the following comment could not be identified, because the meeting audio recording was not available.)</i></p> <p>An ECAC Member stated “I'm actually having that problem with the eye doctor, I can't find one, also, if they take Medi-Cal, so I agree with Andria. And also not just for adults but for children because it seems like Medi-Cal is not covering the glasses, so therefore they have to go through a program instead of going through medical insurance. I have the problem with my daughter, she didn't qualify and therefore we apply for another frame to get her glasses. I don't understand what happened there. Mr. Raich replied that if you are all expressing that concern, he's sure many other members are having those issues is well. He thanked the members for their comments.</p>	
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FLU VACCINE PRESENTATION

Amber Perrier

Amber Perrier, Managed Care Pharmacy Resident II (ALD), Pharmacy & Formulary, gave a report about the flu vaccine (*a copy of the presentation can be obtained from CO&E*):

2020-2021 U.S. Flu Season

Every year the CDC estimates that there are over 50 million cases of the flu. Flu activity was unusually low during the 2020-2021 flu season both in the US and worldwide. From September 2020 – May 2021, 0.2% of the samples collected tested positive for a flu virus. Lowest record of hospitalizations since 2005. Although flu cases are lower this season, it is important to note that a record number of 193.8 million flu vaccines were given throughout the US.

Who Should Get the Flu Vaccine? Everyone 6 months and older should get the flu shot every year

Exceptions:

- Children younger than 6 months
- If you have a severe, life-threatening allergy to the vaccine or any ingredient in the vaccine
- If you have Guillain-Barre syndrome
- If you are not feeling well
- Most egg allergies are okay! But check with your doctor before you get one

Vaccine Cost

- All flu vaccines are covered and will cost \$0 for L.A. Care members

Where Can I Get Vaccinated?

- Doctor's Office
- Pharmacy
- Urgent Care
- Resource Center
- Health Clinic
- Health Department
- College Health Center
- Employer

Get Your Flu Shot at an L.A. Care Flu Event and Get:

- Resource Bag (1 Per Adult, May Vary by Clinic Site)
 - Seeded Recipe Cards
 - Jar Grippers
 - Vaccination Card Holders
 - Center Specific Magnets

	<ul style="list-style-type: none"> - First Aid Kits • Food pantry boxes at select locations <p>Please Visit the Fight the Flu Program Webpage on L.A. Care’s Website Link: https://www.lacare.org/healthy-living/health-resources/healthy-living-prevention/fight-the-flu</p> <p>Side Effects: Common – Redness/swelling, minor headache, muscle ache Very rare – Fainting, allergic reaction</p> <p>Flu Vaccines FAQ</p> <ul style="list-style-type: none"> • Why should I get the flu vaccine every year? <ul style="list-style-type: none"> - Protection declines over time - Flu viruses are constantly evolving and changing • Does the flu vaccine work right away? <ul style="list-style-type: none"> - No, it takes 2 weeks before you are protected <p>Flu and COVID-19</p> <ul style="list-style-type: none"> • It is important to get both influenza and pneumonia vaccinations, which will prevent you from developing serious respiratory complications. • Studies show that the flu vaccine decreases the chance of influenza and pneumonia, especially in people with diabetes. • The symptoms of COVID-19 are similar to those of the flu (fever, cough, and fatigue). • Getting the flu vaccine will be useful in preventing the flu and reducing the possible confusion with COVID-19. <p>Can I get the flu and COVID-19 at the same time? Yes. It is possible to have the flu (and other respiratory illnesses) and COVID-19 at the same time.</p> <p>Will a flu vaccine protect me against COVID-19? Getting a flu vaccine will not protect against COVID-19, however, flu vaccination will prevent you from getting the flu and spreading the flu.</p> <p>If I currently have COVID-19, can I get the flu vaccine? No. Vaccination should wait until you have recovered and are no longer in isolation. When scheduling or confirming your vaccination appointment, it is important to notify your provider if you have symptoms of COVID-19.</p> <p>Since flu activity is low this season, do I even need to get a flu vaccine?</p>	
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Absolutely! While the activity may be low in your community now, it can begin increasing at any time.

Since the delta variant of COVID-19 is spreading in my area, should I still go out to get a flu vaccine?

Yes. Getting a flu vaccine is very important to protect yourself and those around you.

Do I need to be tested for COVID-19 before I get my flu vaccine?

COVID-19 testing before getting your flu shot is not necessary.

I was recently vaccinated against the flu. Is it safe for me to get the COVID-19 vaccine?

Yes! COVID-19 vaccines and other vaccines may now be given together.

Does the flu shot increase my risk of getting COVID-19?

- There is no evidence that getting a flu vaccine increases the risk of getting COVID-19.
- There are many benefits from getting your flu shot and preventing flu, especially with the COVID-19 pandemic.
- It's even more important to do everything possible to prevent illnesses and save health care resources for those in need.

Member McFerson said, “Yes, thank you so much Amber for coming to give us this information. This is very beneficial to the community and great information. Giving our members flyers or text or a robo call or whatever the case may be with locations of free vaccination, information about the locations that we provide to the community, that would be great. And, I believe that more people will participate if we hold a food event at the same time. So, the two events that we have, I'm pretty sure, it's going to be a lot more participation with the flu shot because we are giving away necessary food to people who need it. So a lot of people are going to come out. And, if the staff on this comment, if the staff can give information on how the members who are vaccinated of course, can participate in these events to volunteer and help out, that would be great, too. So, is there any way that you can give an information on how the members who are vaccinated might be able to participate in these events to help out? Thank you, I don't know if someone is going to answer but thank you.”

Ms. Perrier responded that she agrees, the more that L.A. Care can offer to its members, it will get more involvement. People love food, so as much incentive as they can provide will definitely take that back, moving forward. In reference to the members, L.A. Care would have to speak to CO&E, but what she can do is share more information about the flu vaccine.

FUTURE AGENDA ITEMS

	Member McFerson stated, “In regards to this item, I wrote this on the agenda, so future agenda items. The motions that I actually talked about having an ad hoc committee to disperse or talk about different ways to disperse information about how the undocumented wasn't covered in the age range and how they can receive information and get it covered. That would be great. The systematic racism that the African-American community is still suffering from and perhaps maybe having members participate in the ad hoc. With that being said, I would like to have that motion on the agenda for the next meeting we will set up who will be part of the ad hoc committee and then we will move forward and we will leave that for future agenda items.”	
PUBLIC COMMENTS		
PUBLIC COMMENT	<p>Member McFerson stated, “As a disabled member of the public I ask that L.A. Care please offer more information about the tech world and how seniors and disabled people are being left out so is there any way that L.A. Care can basically give us the follow-up information to the organizations or the money allotted to the particular cause because, a lot of people are missing doctor’s appointments and choosing not to go, or having to go and then receiving ultimate virus. So, it would make it a lot easier if L.A. Care has some sort of plan towards helping the community? Thank you.”</p> <p>Dr. Eakins responded that in reference to her request, CO&E is working with IT to provide dialogue to all members and she knows that IT was present during the June meeting when the information was shared with members. Now CO&E is trying to work with IT to have the information shared with the entire membership. She will provide more details in the future. Communication efforts on the date and time will be given to the Field Specialists and Liaisons, and that information will be shared with members once they confirm a date.</p>	
ADJOURNMENT	The meeting was adjourned at 1:32 p.m.	

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Fatima Vasquez (due to public health orders the document will be signed when it is possible)
Fatima Vasquez, *ECAC Chair* _____

Date 10/13/21

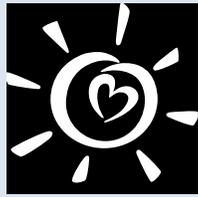
**September 2021
Grant & Sponsorships Report
November 2021 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	September Grant Amount*	September Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	A Step to Freedom*	Provide transitional housing to 1,500 clients and supportive services to at least 1,000 clients, and assist 375 to obtain permanent housing and employment.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
2	Boys & Girls Club	Rock Garden at the Wilmington CRC Grand Opening	9/13/2021	Sponsorship	\$ -	\$ 1,000	\$1,000
3	California Primary Care Association	Annual Conference	9/1/2021	Sponsorship	\$ -	\$ 5,000	\$5,000
4	Chinatown Service Center	Support staff and operations for one Volunteer Income Tax Assistance (VITA) site with 25 volunteers. Conduct social media outreach and assist 500 eligible low-income tax filers to claim Earned Income Tax Credit (EITC) resulting in approximately \$375,000 in credits for 400 households.	9/13/2021	Grant - Community Wellness V	\$ 32,500	\$ -	\$32,500
5	CIELO – Comunidades Indigenas en Liderazgo	Conduct COVID-19 vaccination education to 1,000 hard to reach indigenous communities in L.A. County.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
6	Creative Acts	Provide civic engagement programming, available to at least 24 incarcerated youth in LA Probation Camps & Halls. Teach and expand virtual reality reentry program to at least 18 people serving life sentences inside prison. Engage in organizational development and capacity building activities to increase its financial resources and services.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
7	DMTL	LATTC Umoja Education Program and transportation support	9/1/2021	Sponsorship	\$ -	\$ 5,000	\$5,000
8	Dual Immersion	Rock Garden at the Wilmington CRC Grand Opening	9/13/2021	Sponsorship	\$ -	\$ 1,000	\$1,000

9	Homies Unidos	Partner to vaccinate at least 250 community members for COVID-19 in predominantly immigrant communities and communities impacted by gang violence. Distribute personal protective equipment to at least 1,500 unique individuals and food to at least 18,000 people or families in gang impacted communities to reduce violence related to the stress of COVID's economic fallout.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
10	Imagine LA	Annual fundraising gala	9/1/2021	Sponsorship	\$ -	\$ 10,000	\$20,000
11	Inclusive Action for the City	Provide advocacy support to 2,200 street vendors via the LA Street Vendor Campaign. Assist 700 vendors to reach full compliance with Los Angeles street vendor policies.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
12	Inquilinos Unidos (United Tenants)	Assist 3,200 tenants, including 1,000 new tenants, through one-on-one counseling, assistance with filing complaints with government agencies, legal advice and counsel and referrals when appropriate, tenant rights education, and telephone and group consultations.	9/20/2021	Ad Hoc	\$ 125,000	\$ -	\$125,000
13	Khmer Girls in Action	Provide leadership development training to improve self-esteem and civic engagement for at least 80 members/clients. Increase the knowledge base of 1,200 community members on social issues impacting their neighborhoods through phone banking and door knocking, following all COVID-19 safety measures.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
14	Koreatown Youth and Community Center	Support staff and operations for four Volunteer Income Tax Assistance (VITA) sites with 100 volunteers. Conduct outreach campaign and assist 2,500 eligible low-income tax filers to claim Earned Income Tax Credit (EITC) resulting in \$1,500,000 in credits for 1,154 households.	9/13/2021	Grant - Community Wellness V	\$ 75,000	\$ -	\$75,000
15	Meet Each Need with Dignity	Annual fundraising gala	9/1/2021	Sponsorship	\$ -	\$ 5,000	\$5,000

16	SEACA - Southeast Asian Community Alliance	Deliver food and PPE to at least 150 community members twice each month. Continually update and provide updated public health information in five languages to 1,000 community members at least four times a year. Provide economic assistance to a minimum of 50 households in the form of cash grants, rental assistance, and/or help applying for COVID-19 relief programs, and empower 10-15 youth to be community leaders, educators, and change advocates for COVID-19 recovery efforts.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
17	Star View	Food and diaper distribution event	9/1/2021	Sponsorship	\$ -	\$ 10,000	\$10,000
18	STEM to the Future	Provide after school and camp programs to instruct at least 2,000 Black and Latinx youth how to use Science, Technology, English, Art, and Math (STEAM) to empower and create the communities they want and deserve. Ensure at least 1,600 Planting the Seed (PTS) participants and 30 participants in the three Brick by Brick (BxB) program feel confident in their ability to use STEAM and fulfill unmet needs in their communities. Train and support at least 300 educators in creating and implementing student led STEAM based learning experiences that are rooted in justice and freedom.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
19	The Community Action League (TCAL)	Provide employment and leadership training, job coaching services, self-employment, family reunification with DCFS, online training courses and referral services to at least 450 clients annually.	9/7/2021	Grant – Equity & Resilience II	\$ 125,000	\$ -	\$125,000
Total of sponsorships approved in September 2021					\$ 1,357,500	\$ 37,000	

* Per the Community Health Investment Fund (CHIF) grant agreements, the first half of the grant award is released upon receipt of a fully executed agreement. The second half of grant award is released upon completion of at least half of the entire project objectives, which are detailed in the progress reports submitted every six months. Grantee must also have spent all funds from the first payment.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. BOG 102.1121

Committee:

Chairperson: Hector De La Torre

Issue: Election of Officers to serve in 2022

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in <<year>>**

Background: Nominations for 2022 Board Officers have been received and the Executive Committee recommends that the following:

Hector De La Torre	Chairperson
Alvaro Ballesteros	Vice Chairperson
Ilan Shapiro, MD	Treasurer
Stephanie Booth, MD	Secretary

Member Impact: There is no member impact.

Budget Impact: There is no budget impact.

Motion: To approve the following 2022 Board of Governors Officers:

Hector De La Torre	Chairperson
Alvaro Ballesteros	Vice Chairperson
Ilan Shapiro, MD	Treasurer
Stephanie Booth, MD	Secretary



2021 Legislation Chaptered into Law

Last Updated: October 12, 2021

This legislative matrix contains the chaptered bills from the 2021 legislative session that have a direct impact on L.A. Care operations. If you have any questions, please contact Cherie Compartore at ccompartore@lacare.org.

Bills by Issue

[2021 Legislation \(13\)](#)

Title

Health care coverage: colorectal cancer: screening and testing.

Description

AB 342, Gipson. Health care coverage: colorectal cancer: screening and testing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or health insurance policy to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act. This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for a colorectal cancer screening test, and would require the required colonoscopy for a positive result on a test or procedure to be provided without cost sharing, unless the underlying test or procedure was a colonoscopy. The bill would provide that it does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Mike Gipson

Title

Open meetings: state and local agencies: teleconferences.

Description

AB 361, Robert Rivas. Open meetings: state and local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to directly address the legislative body on any item of interest to the public. The act generally requires all regular and special meetings of the legislative body be held within the boundaries of the territory over which the local agency exercises jurisdiction, subject to certain exceptions. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. The act authorizes the district attorney or any interested person, subject to certain provisions, to commence an action by mandamus or injunction for the purpose of obtaining a judicial determination that specified actions taken by a legislative body are null and void. Existing law, the California Emergency Services Act, authorizes the Governor, or the Director of Emergency Services when the governor is inaccessible, to proclaim a state of emergency under specified circumstances. Executive Order No. N-29-20 suspends the Ralph M. Brown Act's requirements for teleconferencing during the COVID-19 pandemic provided that notice and accessibility requirements are met, the public members are allowed to observe and address the legislative body at the meeting, and that a legislative body of a local agency has a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, as specified. This bill, until January 1, 2024, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act when a legislative body of a local agency holds a meeting during a declared state of emergency, as that term is defined, when state or local health officials have imposed or recommende... (click bill link to see more).

Primary Sponsors

Robert Rivas

Title

Protection of Patient Choice in Telehealth Provider Act.

Description

AB 457, Santiago. Protection of Patient Choice in Telehealth Provider Act. (1) Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Under existing law, it is unlawful for healing arts licensees, except as specified, to offer, deliver, receive, or accept any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, subject to certain exceptions. This bill would provide that the payment or receipt of consideration for internet-based advertising, appointment booking, or any service that provides information and resources to prospective patients of licensees does not constitute a referral of a patient if the internet-based service provider does not recommend or endorse a specific licensee to a prospective patient. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. This bill would delete that date restriction, thereby extending the telehealth reimbursement parity requirement for all contracts between a health care service plan or a health insurer and a health care provider. The bill would provide that these provisions are severable. The bill would also enact the Protection of Patient Choice in Telehealth Provider Act, and would require a health care service plan and a health insurer to comply with specified notice and consent requirements if the plan or insurer offers a service via telehealth to an enrollee or an insured through a third-party corporate telehealth provider, as defined. For an enrollee or insured that receives specialty telehealth services for a mental or behavioral health condition, the bill would require that the enrollee or insured be given the option of continuing to receive that service with the contracting individual health professional, a contracting clinic, or a contracting health facility... (click bill link to see more).

Primary Sponsors

Miguel Santiago

Organizational Notes

Last edited by Cherie Compartore at Apr 26, 2021, 3:08 PM

Oppose: CAHP

Title

Dependent parent health care coverage.

Description

AB 570, Santiago. Dependent parent health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes an individual to add a dependent to their health care service plan contract or health insurance policy, including adding a dependent outside of an initial enrollment period if certain criteria are met. Existing law defines "dependent" for the purpose of an individual contract or policy to mean the spouse, registered domestic partner, or child of an individual. Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. This bill would require an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. The bill would require a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP and would require a solicitor or agent to provide specified HICAP contact information, as specified. The bill would expand the definition of "dependent" for an individual health care service plan contract or health insurance policy to include a qualified dependent parent or stepparent. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Miguel Santiago

Organizational Notes

Last edited by Cherie Compartore at Aug 16, 2021, 3:51 PM

Oppose: CAHP

Title

Medical information: confidentiality.

Description

AB 1184, Chiu. Medical information: confidentiality. Existing law, the Confidentiality of Medical Information Act, prohibits specified entities from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, unless a specified exception applies. Existing law, with specified exceptions, prohibits an employer from using, disclosing, or knowingly permitting its employees or agents to use or disclose medical information that the employer possesses pertaining to its employees without the prescribed permission of the patient. Existing law makes a violation of these provisions a crime. Existing law, the Insurance Information and Privacy Protection Act, generally regulates how insurers collect, use, and disclose information gathered in connection with insurance transactions. Existing law specifies the manner in which a health care service plan or health insurer is required to maintain confidentiality of medical information regarding the treatment of an insured, subscriber, or enrollee, including requiring a health care service plan or health insurer to accommodate requests by insureds, subscribers, and enrollees relating to the form and format of communication of confidential medical information in situations involving sensitive services or situations in which disclosure would endanger the individual. This bill, on and after July 1, 2022, would revise and recast these provisions to require the health care service plan or health insurer to accommodate requests for confidential communication of medical information regardless of whether there is a situation involving sensitive services or a situation in which disclosure would endanger the individual. This bill, on and after July 1, 2022, would prohibit a health care service plan or health insurer from requiring a protected individual, as defined, to obtain the policyholder, primary subscriber, or other enrollee's authorization to receive sensitive services or to submit a claim for sensitive services if the protected individual has the right to consent to care. The bill would require the health care service plan or health insurer to direct all communications regarding a protected individual's receipt of sensitive services directly to the protected individual, and would prohibit the disclosure of that information to the policyholder, primary subscriber, or any plan enrollees without the authorization of the protected individual, as provided. This bill would require a health care service plan to notify subscribers and enrollees and a health insurer to notify insureds that they may request a confidential communication in a specified format and how to make the r... (click bill link to see more).

Primary Sponsors

David Chiu

Title

Medi-Cal: annual cognitive health assessment.

Description

SB 48, Limón. Medi-Cal: annual cognitive health assessment. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Subject to an appropriation by the Legislature for this purpose, this bill would expand the schedule of benefits to include an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. The bill would make a Medi-Cal provider eligible to receive the payment for this benefit only if they comply with certain requirements, including completing cognitive health assessment training. The bill would require the department to determine specified training and validated tools in consultation with prescribed entities, including the State Department of Public Health's Alzheimer's Disease Program. By January 1, 2024, and every 2 years thereafter, the bill would require the department to consolidate and analyze data related to the benefit, and to post information on the utilization of, and payment for, the benefit on its internet website. The bill would authorize the department to implement these provisions by various means, including all-plan letters, without taking regulatory action, and would condition the implementation of these provisions to the extent federal approvals are obtained and federal financial participation is available.

Primary Sponsors

Monique Limon, Aguiar-Curry

Title

Health care coverage: timely access to care.

Description

SB 221, Wiener. Health care coverage: timely access to care.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Under existing law, a Medi-Cal managed care plan is required to comply with timely access standards developed by the department. Existing regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Existing regulations also authorize appointments for preventive care services and periodic followup care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Health Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements, as specified. The bill would additionally require, commencing July 1, 2022, a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use... (click bill link to see more).

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Cherie Compartore at Aug 30, 2021, 10:12 PM

x

Title

Health care provider reimbursements.

Description

SB 242, Newman. Health care provider reimbursements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment. This bill would require a health care service plan or health insurer, but not a Medi-Cal managed care plan, to reimburse contracting health care providers for their business expenses to prevent the spread of respiratory-transmitted infectious diseases causing public health emergencies declared on or after January 1, 2022. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Newman

Organizational Notes

Last edited by Cherie Compartore at Mar 10, 2021, 9:40 PM

Oppose: CAHP, LHPC

Last edited by Joanne Campbell at Feb 23, 2021, 11:55 PM

CAHP: Opposed

Title

Sexually transmitted disease: testing.

Description

SB 306, Pan. Sexually transmitted disease: testing. (1) Existing law authorizes a specified health care provider who diagnoses an STD, as specified, to prescribe, dispense, furnish, or otherwise provide prescription antibiotic drugs to that patient's sexual partner or partners without examination of that patient's partner or partners. The Pharmacy Law provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. A violation of the Pharmacy Law is a crime. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that, among other things, is correctly labeled with the name of the patient or patients. Existing regulation requires a pharmacist to ensure that a patient receives written notice of their right to consult with a pharmacist, when the patient or the patient's agent is not

present. This bill would name the above practice “expedited partner therapy.” The bill would require a health care provider to include “expedited partner therapy” or “EPT” on a prescription if the practitioner does not have the name of a patient’s sexual partner, and would authorize a pharmacist to dispense an expedited partner therapy prescription and label the drug without an individual’s name if the prescription includes “expedited partner therapy” or “EPT.” The bill would specify that a health care provider is not liable in a medical malpractice action or professional disciplinary action, and that a pharmacist is not liable in a civil, criminal, or administrative action, if the health care provider’s use of expedited partner therapy is in compliance with the law, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity. The bill would amend the Pharmacy Law to require a pharmacist to provide written notice that describes the right of an individual receiving expedited partner therapy to consult with a pharmacist about the medication and potential drug interactions. By expanding the scope of a crime, the bill would create a state-mandated local program. (2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for reproductive and sexual health care services. This bill would require health care service plans and insurers to provide coverage for home test kits for sexually transmitted diseases, as defined, and the laboratory costs for processing those kits, that are deemed medical... (click bill link to see more).

Primary Sponsors

Richard Pan, Scott Wiener

Organizational Notes

Last edited by Cherie Compartore at Apr 1, 2021, 10:28 PM
Oppose: CAHP

Title

Health care coverage: deductibles and out-of-pocket expenses.

Description

SB 368, Limón. Health care coverage: deductibles and out-of-pocket expenses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. A willful violation of the act is a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets limits on the amount of the deductible and out-of-pocket expenses that may be included in specified health care service plan contracts and health insurance policies. This bill, for a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2022, in the individual or group market, would require the health care service plan or health insurer to monitor an enrollee's or insured's accrual balance toward their annual deductible and out-of-pocket maximum, if any. The bill would require a health care service plan or health insurer to provide an enrollee or insured with their accrual balance toward their annual deductible and out-of-pocket maximum for every month in which benefits were used, as specified. The bill would require a health care service plan or health insurer to establish and maintain a system that allows an enrollee or insured to request their most up-to-date accrual balances from their health care service plan or health insurer at any time. The bill would require accrual updates to be mailed to enrollees unless the enrollee has elected to opt out of mailed notice and elected to receive the accrual update electronically, as specified. The bill would require a health care service plan or health insurer to notify enrollees and insureds of their rights under the bill, as specified. The bill would require a contracted entity to which a health care service plan or health insurer has delegated claims payment functions to comply with the requirements of the bill, as specified. Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Monique Limon

Organizational Notes

Last edited by Joanne Campbell at Mar 12, 2021, 9:57 PM

CAHP - Oppose Unless Amended

Title

Health care coverage: adverse childhood experiences screenings.

Description

SB 428, Hurtado. Health care coverage: adverse childhood experiences screenings. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for specified benefits, including for mental health services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, that provides coverage for pediatric services and preventive care to additionally include coverage for adverse childhood experiences screenings. The bill would authorize each department to adopt guidance to implement this provision. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Melissa Hurtado

Title

Health care coverage: COVID-19 cost sharing.

Description

SB 510, Pan. Health care coverage: COVID-19 cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs for COVID-19 diagnostic and screening testing and health care services related to the testing for COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, and would prohibit that contract or policy from imposing cost sharing or prior authorization requirements for that coverage. The bill would also require a contract or policy to cover without cost sharing or prior authorization an item, service, or immunization intended to prevent or mitigate COVID-19, or a future disease when declared a public health emergency by the Governor of the State of California, that is recommended by the United States Preventive Services Task Force or the federal Centers for Disease Control and Prevention, as specified. The bill would only extend the prohibition on cost sharing for COVID-19 diagnostic and screening testing, or an item, service, or immunization intended to prevent or mitigate COVID-19, with respect to an out-of-network provider for the duration of the federal public health emergency. The bill would also apply these provisions retroactively beginning from the Governor's declared State of Emergency related to COVID-19 on March 4, 2020. The bill would make the provisions of the act severable. The bill would also make related findings and declarations. Because a violation of this requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Cherie Compartore at Apr 1, 2021, 10:29 PM

Oppose Unless Amended: CAHP

Title

Biomarker testing.

Description

SB 535, Limón. Biomarker testing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or group health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests. This bill would delete the references to individual or group health care service plan contracts and health insurance policies in those provisions. The bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for an enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill would also prohibit those health care service plans or health insurance policies from requiring prior authorization for biomarker testing for cancer progression or recurrence in the enrollee or insured with advanced or metastatic stage 3 or 4 cancer. The bill would provide that its provisions do not limit, prohibit, or modify an enrollee's or insured's rights to biomarker testing as part of an approved clinical trial, as specified. With respect to health care service plans, the bill would specifically apply the provisions relating to biomarker testing to Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Monique Limon, Laura Friedman, Lorena Gonzalez

Organizational Notes

Last edited by Joanne Campbell at Jul 1, 2021, 3:03 PM

Oppose Unless Amended: CAHP



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. EXE 101.1121

Committee: Executive

Chairperson: Hector De La Torre

Issue: This motion outlines the Community Health Investment Fund (CHIF) priorities for FY 2021-22.

Funding will align with the following CHIF priorities:

1. Support the health care safety net to improve infrastructure and address racial inequities,
2. Address social determinants of health that result in inequities,
3. Close the health disparities gap, and
4. Empower and invest in organizations that address systemic racism.

Background: On September 2, 2021, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for FY 2021-22.

All CHIF grants are well-vetted before they reach the Board of Governors. This includes Community Benefits staff, a review committee composed of internal staff and community experts, Strategic Planning Senior Director, and CEO authorization. Grant requests over \$250,000 will be brought to the Board for final approval. Upon approval, a grant agreement is executed with the grantee, outlining responsibilities and accountability to perform according to agreed objectives. Grantees will submit progress reports bi-annually and progress will be reported to the Board annually. Additionally, staff will also report monthly to the Board on approved grants and sponsorships.

Member Impact: CHIF funds will help to support safety net providers and social service agencies to increase access to care, improve quality of care, including health outcomes, address social determinants of health, reduce health disparities, and minimize racial inequities for marginalized populations. This support will also be within the context of the ongoing COVID-19 pandemic and its aftermath, including the impact to L.A. Care members throughout Los Angeles County.

Budget Impact: On September 2, 2021, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for FY 2021-22.

- Motion:**
1. **To approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2021-22 allocation of up to \$10 million in the following priority categories:**
 - (a) support the health care safety net to improve infrastructure and address racial inequities, recommended at \$4.1 million,
 - (b) address social determinants of health that result in inequities, recommended at \$2.4 million,
 - (c) close the health disparities gap, recommended at \$1.8 million, and
 - (d) empower and invest in organizations that address systemic racism, recommended at \$1.7 million.
 2. **Delegated authority to the CEO to implement the CHIF program and approve up to \$250,000 per grant through September 30, 2022. This authority will allow L.A. Care to make grants for larger projects as well as respond to COVID-19 ongoing needs and its aftermath. Also, allow for CEO to adjust CHIF priority category amounts noted above to align with changing community needs and requests. All other policies and approvals related to grant making investments will remain in place.**



October 18, 2021

TO: Executive Committee

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*
Roland Palencia, *Director, Community Benefit Programs*

SUBJECT: Community Benefits, CHIF Program Priorities for FY 2021-22

In 2000, L.A. Care Health Plan's Board of Governors established the Community Health Investment Fund (CHIF) program to improve health care access and quality of care for underserved populations and to support the safety net that serves them. To date, CHIF funding has supported 822 projects with an investment of over \$107.0 million, benefitting community-based clinics, social service organizations, and the Los Angeles County public health and healthcare systems.

On September 2, 2021, L.A. Care's Board of Governors approved a CHIF funding allocation of \$10 million as part of L.A. Care's fiscal year 2021-22 budget, matching the previous fiscal year allocation.

CHIF Priorities for FY 2021-22

To best support L.A. Care's strategic vision, Community Benefits staff has developed four overarching CHIF priorities:

1. *Support the health care safety net to improve infrastructure and address racial inequities*

This CHIF priority will support projects that address the infrastructure needs of safety net providers in the context of overall healthcare needs and the ongoing and aftermath of the COVID-19 pandemic while addressing the exacerbated racial inequities in the health care system.

The recommended allocation for this goal priority is \$4.1 million, and the individual grant amount may range from \$75,000 to \$250,000. The funds may be distributed in the form of initiatives such as the Robert E. Tranquada, M.D. Safety Net infrastructure initiative, Oral Health Initiative, or through community-initiated ad hocs requests that do not fit in any of the initiatives released under this priority, but meet overall CHIF priorities.

2. *Address social determinants of health that result in inequities.*

This priority focuses on social determinants that impact health and is designed to address issues such as housing, including those at risk of or experiencing homelessness or substandard housing conditions, poverty, and food insecurity. This could also include collaborating with sectors that promote a comprehensive approach to community wellness and health.

The recommended allocation for this goal priority is \$2.4 million. The individual grant amount may range from \$50,000 to \$250,000. The funds may be distributed in the form of initiatives such as initiatives to increase food and income security or address eviction prevention, or through community-initiated ad hoc requests that do not fit in any of the initiatives under this priority.

3. *Close the health disparities gap*

This priority will support projects that directly address health disparities among low-income populations due to race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, geographic location, and especially a combination and compounding of these and other environmental factors. This priority may also support data surveillance projects that help to inform this progress.

The recommended allocation for this goal priority is \$1.8 million. The average individual grant amount may range from \$75,000 to \$250,000. The funds may be distributed in the form of initiatives such as the African American Infant and Maternal Success (AAIMS) initiative or through ad hoc requests that do not fit in any of the designed initiatives under this priority.

4. *Empower and invest in organizations that address systemic racism.*

This priority will support organizations that are deeply rooted in and/or are led by individuals from communities of color. These leaders and organizations have direct experience with the many overlapping issues affecting their communities, including the ensuing consequences of the COVID-19 pandemic and its aftermath. This priority also seeks to build the capacity of organizations that have historically been underfunded and under resourced by philanthropy. This priority is consistent with L.A. Care's Statement of Purpose on racial inequities and aligns with L.A. Care's Equity Council goals.

The recommended allocation for this goal priority is \$1.7 million. The average individual grant amount may range from \$25,000 to \$250,000. The funds may be distributed in the form of initiatives such as the Equity and Resilience initiative, or through ad hoc requests that do not fit in any of the designed initiatives under this priority.

To select these priorities, Community Benefits staff has solicited input from L.A. Care management throughout the organization, including the Chief Executive Officer (CEO), and consulted with a number of community clinics, as well as philanthropic partners that invest in the safety net and other health areas. Within each priority area, CHIF funds will be distributed through a combination of initiatives that will require a request for applications (RFA) process and community-initiated proposals by individual organizations (ad hocs) that do not fit into any of the initiatives but align with a priority area.

Approval Process

In the attached motion, there is a request for the Board of Governors to delegate authority to the CEO to implement the CHIF priorities and for CEO to approve grant investments of up to \$250,000 per grant through September 30, 2022. Any individual grant above the \$250,000 threshold will be brought to the Executive Committee and then to the Board of Governors for final approval. This higher level of delegated authority will allow us to make some larger grants in an expedient manner, enabling us to respond to emerging needs such as COVID and vaccination response and CalAIM

readiness. The motion also allows the CEO to adjust funding amounts between priority categories to align with evolving community needs.

All CHIF grants are well-vetted, going through at least four levels of approval before they reach the Board of Governors. This includes Community Benefits staff assessment, review committee recommendation, Strategic Planning Senior Director consent, and CEO and/or Board approval. All other policies and approvals related to grant making investments will remain in place. Consistent with policy 603, staff will submit monthly reports on CHIF grants approved in the previous month. This will be in addition to the annual Community Health Investment Fund Summary, usually submitted in June of every year, for the previous fiscal year that highlights grant accomplishments, areas of impact, media coverage, and community-wide acknowledgements.



Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. EXE 102.1121

Committee: Executive

Chairperson: Hector De La Torre

Issue: Continue authorization of expenditures under the Elevating the Safety Net (ESN) initiative for the Residency Support Program (RSP)

Background: In 2019 and 2020, the Executive Board approved a combined \$9,652,928 (two funding cycles) under the ESN initiative RSP to support expansion of graduate medical education training for 38 residents and 4.0 FTE faculty across five (5) teaching institutions: AltaMed Health Services Corporation (AltaMed), Children’s Hospital of Los Angeles, Charles R. Drew University of Medicine and Science (CDU), UCLA Foundation (UCLA), and White Memorial Medical Center Charitable Foundation (White Memorial).

Residency Support Program (RSP)

In 2021, L.A. Care invited AltaMed, CDU, UCLA, and White Memorial to apply for a third cycle of funding. After thoroughly reviewing the applications, the committee recommends an expenditure of up to \$3.23 million to fund salaries and benefits for 25 residents across the four institutions over the course of three years. Grant awards will support residents starting in academic year 2022-23 through academic year 2024-25. Proposed awards are as follows:

Institution	Expansion	Award
AltaMed	Family Medicine: 18 Residents for 3 years	\$1,127,380
CDU	Internal Medicine: 1 Chief Resident for 1 year and 2 Internal Medicine Residents for 2 years	\$640,610
UCLA	Pediatric Medicine: 2 Residents for 3 years	\$558,231
White Memorial	Family Medicine: 1 Resident for 3 years	\$897,600
	Internal Medicine: 1 Resident for 3 years	
TOTAL	25 Residents	\$3,223,821

Member Impact: This initiative aligns with L.A. Care’s organizational goal 2.2: develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

Budget Impact: L.A. Care will appropriate retained earnings, an element of the fund balance, to set aside as Board Designated and fund the workforce development initiative presented above.

Motion: Approve and authorize an expenditure of up to \$3.23 million to continue funding awards under the Residency Support Program (RSP).

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – September 27, 2021
 1055 West 7th Street, Los Angeles, CA 90017



Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Robert H. Curry, *Treasurer*
 Layla Gonzalez, *Secretary*
 Stephanie Booth, MD
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief Human Resources Officer*
 Linda Greenfeld, *Chief Product Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Tom MacDougall, *Chief Information & Technology Officer*
 Marie Montgomery, *Chief Financial Officer*
 Francisco Oaxaca, *Chief of Communications & Community Relations*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

California Governor issued Executive Order No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Hector De La Torre, <i>Chairperson</i>, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:59 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today. • If you have access to the internet, the materials for today’s meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. • The Chairperson will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today’s agenda. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved. <i>(Board Member Perez joined the meeting.)</i>	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Curry, De La Torre and Gonzalez).
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the August 23, 2021 meeting were approved as submitted.	Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez).
CHAIRPERSON’S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	There was no report from the Chief Executive Officer.	
Government Affairs Update	Cherie Compartore, <i>Senior Director, Government Affairs</i> , reported: <ul style="list-style-type: none"> • California’s Governor has signed about 20 bills into law this past week and has vetoed two bills. There are approximately 600 bills remaining for his action by October 10, 2021. • The Governor has not acted on any of the healthcare related bills, and he is likely to act on all of them as a package. • The Governor has signed AB 361 into law. This legislation extends the flexibilities of the Brown Act during a state of emergency declaration. These flexibilities are currently in place under the Executive Orders until September 30, 2021. • This will be a busy week for the federal congress. Under consideration in the U.S. Senate is a continuing resolution to fund the federal government past the end of the current fiscal year, which ends at midnight on September 30, 2021. If the continuing resolution is not passed, a shutdown will not affect payment of Medicaid, Medicare or Social Security benefits. A shutdown could affect processing of new applications for Medicare and Social Security benefits. Many non-essential government workers 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>could be furloughed and offices closed. There is language in the continuing resolution that could raise the debt ceiling.</p> <ul style="list-style-type: none"> • A second bill under consideration by the U.S. Congress is the proposed Infrastructure bill, with \$1 trillion in spending. This bill has already passed the U.S. Senate but has not been passed by the House of Representatives. The Speaker of the House has indicated this bill will be brought to a vote on October 1, although some Democratic Congress members have signaled they will not vote for this bill without including a social spending bill. • The social spending bill includes \$3.5 trillion for programs such as paid family leave, universal pre-kindergarten and Medicaid expansion in some states. The costs will be paid by increasing taxes for corporations and families with income over \$400,000. It is likely this bill will be pared down in order to get enough votes from House members. Democrats are trying to move this through reconciliation. Some Democrats are objecting to the total cost of the bill. 	
PUBLIC COMMENTS	There were no public comments for the closed session items.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 3:08 p.m. Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:09 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>September 2023</i></p> <p><i>The following item was not discussed.</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act <i>Long Beach Memorial Medical Center et al v. L.A. Care Health Plan - AAA Case No. 012000002356</i> <i>Prime Healthcare Services- Aharado LLC et al. v. Local Initiative Health Authority for Los Angeles County –</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Case No. 21STC1751 <i>Prime Healthcare Services – Alvarado LLC et al. v. Local Initiative Health Authority for Los Angeles County</i> – JAMS No. No. 1220069752	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:17 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:17 p.m.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

DocuSigned by:

Hector De La Torre

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Hector De La Torre, *Chair*

Date: 10/25/2021 | 9:48 AM PDT



Financial Update

Board of Governors Meeting

November 4, 2021



Agenda

Financial Performance – August 2021 YTD

- Membership
- Consolidated Financial Performance
- Operating Margins by Segment
- Reported vs. Paid Claims Trend
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

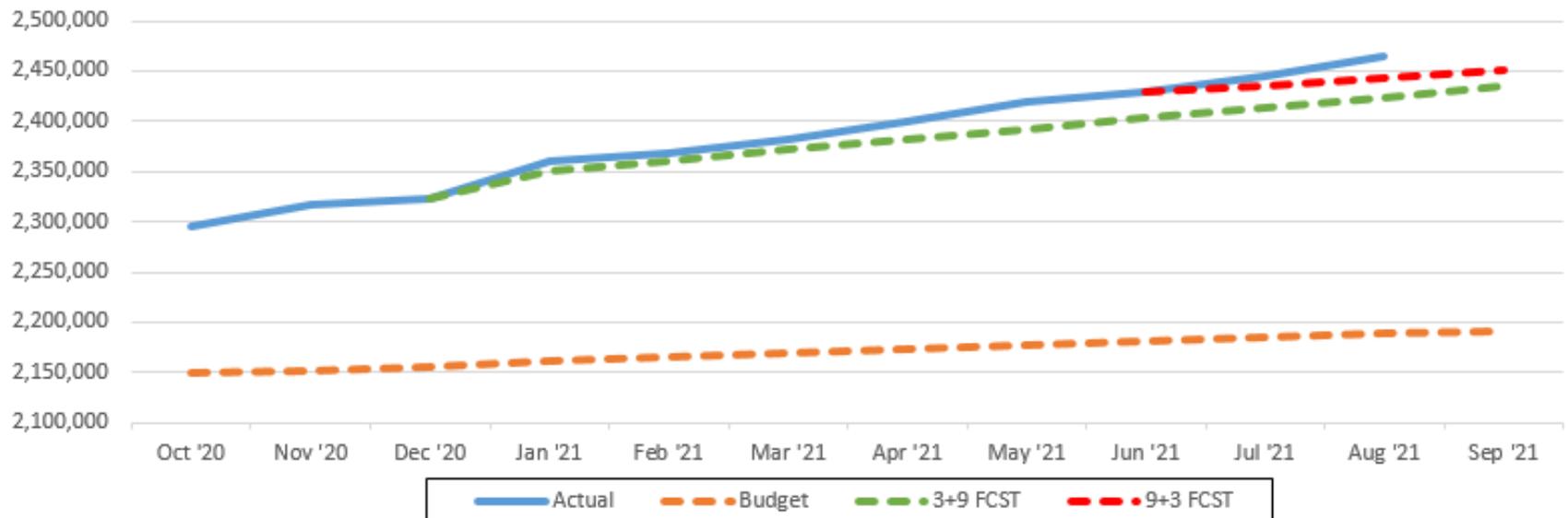
Financial Informational Updates

- Investment Transactions

Membership

for the 11 months ended August 2021

Sub-Segment	August 2021			Year-to-Date		
	Actual	9+3 FCST	Variance	Actual	9+3 FCST	Variance
Plan Partners	1,059,997	1,055,775	4,222	11,381,039	11,374,814	6,225
SPD/CCI	249,130	233,744	15,386	2,550,002	2,534,944	15,058
TANF/MCE	984,415	987,923	(3,508)	10,503,234	10,501,566	1,668
CMC	18,749	19,115	(366)	204,534	205,150	(616)
Commercial	152,183	146,329	5,854	1,562,558	1,553,652	8,906
Consolidated	2,464,474	2,442,886	21,588	26,201,367	26,170,126	31,241



Consolidated Financial Performance

for the month of August 2021

(\$ in Thousands)	Actual	9+3 FCST	Variance
Member Months	2,464,474	2,442,886	21,588
Total Revenues	\$800,236	\$792,259	\$7,976
Total Healthcare Expenses	\$767,600	\$746,360	(\$21,240)
Operating Margin	\$32,636	\$45,899	(\$13,264)
Total Admin Expenses	\$36,230	\$39,346	\$3,116
Income/(Loss) from Operations	(\$3,594)	\$6,553	(\$10,148)
Non-Operating Income (Expense)	(\$4,698)	(\$1,986)	(\$2,712)
Net Surplus (Deficit)	(\$8,292)	\$4,568	(\$12,860)

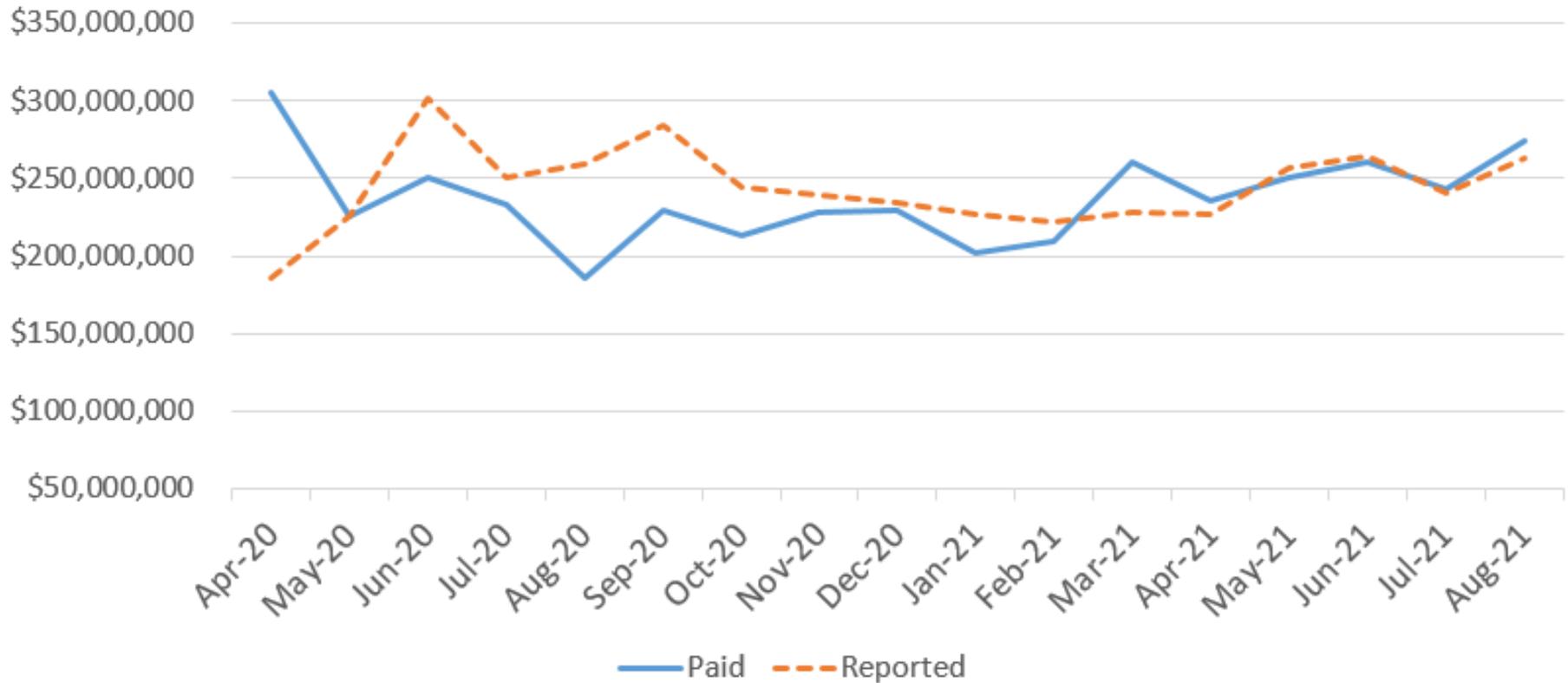
Consolidated Financial Performance

for the 11 months ended August 2021

(\$ in Thousands)	Actual	9+3 FCST	Variance
Member Months	26,201,367	26,170,126	31,241
Total Revenues	\$8,476,379	\$8,456,026	\$20,353
Total Healthcare Expenses	\$7,938,706	\$7,917,609	(\$21,098)
Operating Margin	\$537,672	\$538,417	(\$745)
Total Admin Expenses	\$405,150	\$409,623	\$4,473
Income/(Loss) from Operations	\$132,522	\$128,794	\$3,728
Non-Operating Income (Expense)	(\$21,869)	(\$18,256)	(\$3,612)
Net Surplus (Deficit)	\$110,654	\$110,538	\$116

Reported vs Paid Claims Trend

Paid Claims through August 2021



Operating Margin by Segment

for the 11 months ended August 2021

(\$ in Thousands)

	Medi-Cal Plan Partners	Medi-Cal SPD/CCI	Medi-Cal TANF/MCE	CMC	Commercial	Total
Revenue	\$3,004,215	\$2,047,319	\$2,602,357	\$286,880	\$535,607	\$8,476,379
Healthcare Exp.	\$2,886,301	\$1,921,044	\$2,439,287	\$260,678	\$431,397	\$7,938,707
Operating Margin	\$117,914	\$126,275	\$163,071	\$26,202	\$104,210	\$537,672
MCR %	96.1%	93.8%	93.7%	90.9%	80.5%	93.7%
Forecast MCR%	96.1%	93.6%	93.9%	89.1%	81.1%	93.6%

Key Financial Ratios

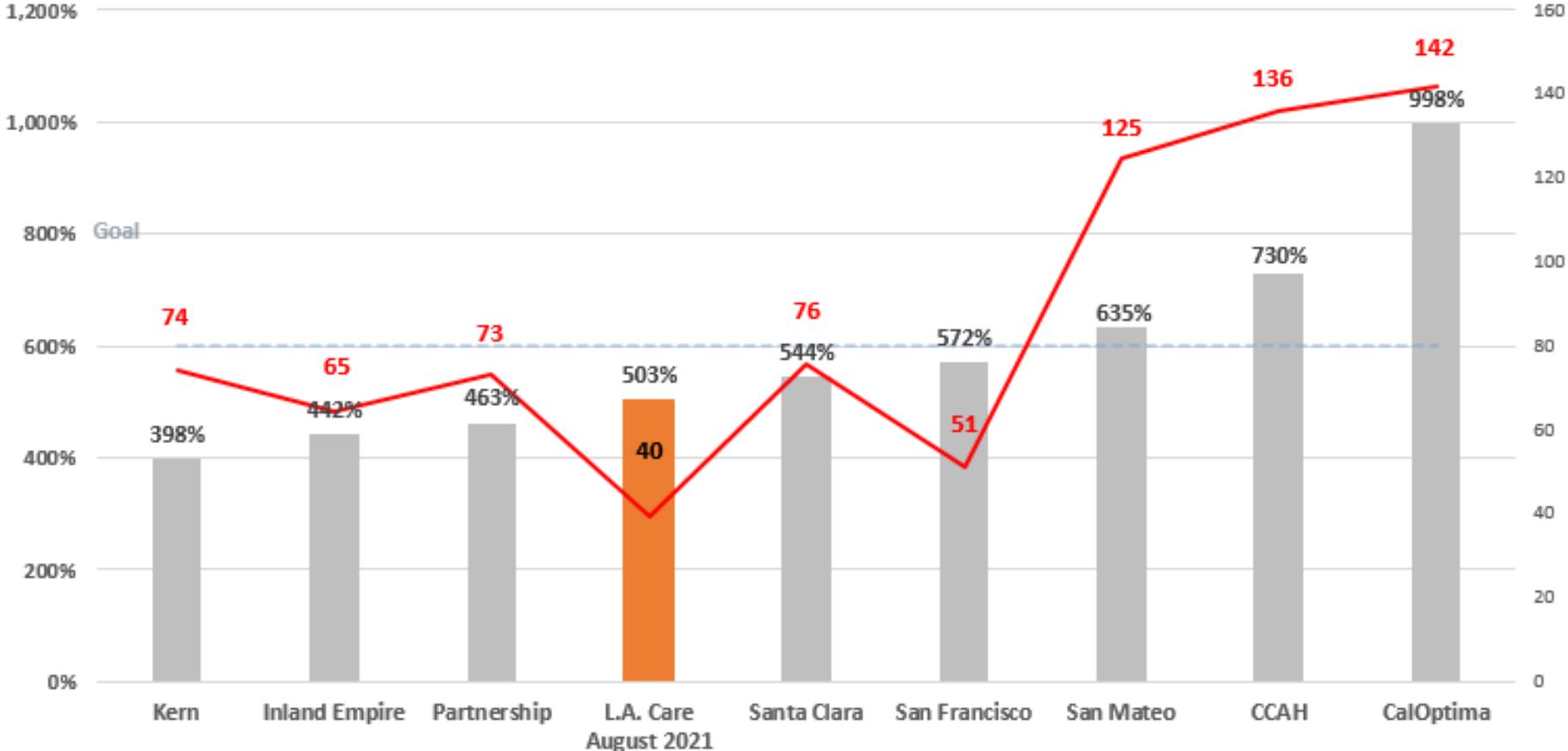
for the 11 months ended August 2021

	Actual	Forecast	
MCR	93.7%	vs. 93.6%	✓
Admin Ratio	4.8%	vs. 4.8%	✓

	Actual	Benchmark	
Working Capital	1.26	vs. 1.00+	✓
Cash to Claims	0.55	vs. 0.75+	✗
Tangible Net Equity	5.03	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 11 months ended August 2021



• As of June 2021 Quarterly filings, unless noted otherwise.

Questions & Consideration

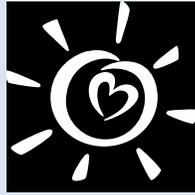
Motion FIN 104

- To accept the Financial Reports for the ten months ended July 31, 2021 and the eleven months ended August 31, 2021, as submitted.

Informational Items

Investment Transactions

- As of July 31, 2021 and August 31, 2021 L.A. Care's total investment market value was \$1.7B
 - \$1.4B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$73M in Local Agency Investment Fund
 - \$253M in Los Angeles County Pooled Investment Fund



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 4, 2021

Motion No. FIN 104.1121

Committee:

Chairperson: Robert H. Curry

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue: Acceptance of the Financial Reports for July and August 2021.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Report for July and August 2021, as submitted.



L.A. Care
HEALTH PLAN®

Financial Performance
July 2021
(Unaudited)

Overall

The combined member months are 23.7 million year-to-date, which is 9,653 member months favorable to the 9+3 forecast. The performance is a surplus of \$118.9 million or 1.5% of revenue and is \$13.0 million favorable to the forecast. The favorability is due to better than forecasted outpatient claims and pharmacy costs but offset in part by higher skilled nursing facility costs and inpatient claims. The majority of the favorable variance in revenues is driven by an increase in Plan Partners institutional members with a corresponding increase in capitation expenses. Lower provider incentives and operating expenses also contributed to higher surplus as compared to the 9+3 forecast.

MediCal Plan Partners

The member months are 10.3 million, which is 2,003 member months favorable to the 9+3 forecast. The performance is a surplus of \$54.8 million and is \$0.9 million favorable to the forecast. The favorability in revenues and the corresponding unfavorability in capitation expense are driven by higher than forecasted institutional members. The net surplus is basically in line with the 9+3 forecast.

MediCal SPD-CCI

The member months are 2.3 million, which is 328 member months unfavorable to the 9+3 forecast. The performance is a deficit of \$3.3 million and is \$1.0 million favorable to the 9+3 forecast. The favorability is due to better than forecasted outpatient claims, pharmacy costs and operating expenses. Partially offsetting these items are higher than forecasted skilled nursing facility costs, inpatient claims and lower revenues driven by the revenue corridor as we continue to experience lower proportional institutional member count.

MediCal TANF-MCE

The member months are 9.5 million, which is 5,176 member months favorable to the 9+3 forecast. The performance is a surplus of \$33.3 million and is \$10.9 million favorable to the 9+3 forecast. The favorability is driven by better than forecasted outpatient claims and pharmacy costs but are partially offset by higher skilled nursing facilities costs and inpatient claims.

Cal MediConnect (CMC)

The member months are 185,785, which is 250 member months unfavorable to the 9+3 forecast. The performance is a surplus of \$13.4 million and is \$2.1 million unfavorable to the forecast. The unfavorability is driven by higher than forecasted outpatient claims and pharmacy expense but is partially offset by favorable inpatient claims and provider incentives.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1,410,375, which is 3,052 member months favorable to the 9+3 forecast. The performance is a surplus of \$53.5 million and is \$3.8 million favorable to the forecast due to higher than forecasted membership and lower inpatient and outpatient claims.



Consolidated Operations Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,444,400		2,434,747		9,653								
						Membership						
						Member Months	23,736,893		23,727,240		9,653	
						Revenue						
						Capitation	\$ 7,676,143	\$ 323.38	\$ 7,663,766	\$ 322.99	\$ 12,377	\$ 0.39
\$ 801,901	\$ 328.06	\$ 789,525	\$ 324.27	\$ 12,377	\$ 3.78	Total Revenues	\$ 7,676,143	\$ 323.38	\$ 7,663,766	\$ 322.99	\$ 12,377	\$ 0.39
\$ 801,901	\$ 328.06	\$ 789,525	\$ 324.27	\$ 12,377	\$ 3.78							
						Healthcare Expenses						
\$ 427,184	\$ 174.76	\$ 418,509	\$ 171.89	\$ (8,675)	\$ (2.87)	Capitation	\$ 4,056,361	\$ 170.89	\$ 4,047,686	\$ 170.59	\$ (8,675)	\$ (0.30)
\$ 100,565	\$ 41.14	\$ 97,654	\$ 40.11	\$ (2,911)	\$ (1.03)	Inpatient Claims	\$ 955,866	\$ 40.27	\$ 952,956	\$ 40.16	\$ (2,911)	\$ (0.11)
\$ 67,891	\$ 27.77	\$ 80,347	\$ 33.00	\$ 12,456	\$ 5.23	Outpatient Claims	\$ 725,162	\$ 30.55	\$ 737,617	\$ 31.09	\$ 12,456	\$ 0.54
\$ 73,805	\$ 30.19	\$ 67,612	\$ 27.77	\$ (6,193)	\$ (2.42)	Skilled Nursing Facility	\$ 684,946	\$ 28.86	\$ 678,752	\$ 28.61	\$ (6,193)	\$ (0.25)
\$ 60,189	\$ 24.62	\$ 63,378	\$ 26.03	\$ 3,189	\$ 1.41	Pharmacy	\$ 615,263	\$ 25.92	\$ 618,453	\$ 26.07	\$ 3,189	\$ 0.14
\$ 8,034	\$ 3.29	\$ 9,078	\$ 3.73	\$ 1,044	\$ 0.44	Provider Incentives and Shared Risk	\$ 64,411	\$ 2.71	\$ 65,455	\$ 2.76	\$ 1,044	\$ 0.05
\$ 5,912	\$ 2.42	\$ 7,145	\$ 2.93	\$ 1,232	\$ 0.52	Medical Administrative Expenses	\$ 69,097	\$ 2.91	\$ 70,330	\$ 2.96	\$ 1,232	\$ 0.05
\$ 743,580	\$ 304.20	\$ 743,723	\$ 305.46	\$ 142	\$ 1.26	Total Healthcare Expenses	\$ 7,171,106	\$ 302.11	\$ 7,171,249	\$ 302.24	\$ 142	\$ 0.13
92.7%		94.2%		1.5%		MCR(%)	93.4%		93.6%		0.2%	
\$ 58,321	\$ 23.86	\$ 45,802	\$ 18.81	\$ 12,519	\$ 5.05	Operating Margin	\$ 505,037	\$ 21.28	\$ 492,518	\$ 20.76	\$ 12,519	\$ 0.52
\$ 39,538	\$ 16.17	\$ 40,894	\$ 16.80	\$ 1,357	\$ 0.62	Total Operating Expenses	\$ 368,920	\$ 15.54	\$ 370,277	\$ 15.61	\$ 1,357	\$ 0.06
4.9%		5.2%		0.2%		Admin Ratio(%)	4.8%		4.8%		0.0%	
\$ 18,783	\$ 7.68	\$ 4,908	\$ 2.02	\$ 13,876	\$ 5.67	Income (Loss) from Operations	\$ 136,117	\$ 5.73	\$ 122,241	\$ 5.15	\$ 13,876	\$ 0.58
\$ (4,330)	\$ (1.77)	\$ (2,826)	\$ (1.16)	\$ (1,504)	\$ (0.61)	Other Income/(Expense), net	\$ (21,586)	\$ (0.91)	\$ (20,081)	\$ (0.85)	\$ (1,504)	\$ (0.06)
\$ 885	\$ 0.36	\$ 839	\$ 0.34	\$ 47	\$ 0.02	Interest Income, net	\$ 9,681	\$ 0.41	\$ 9,634	\$ 0.41	\$ 47	\$ 0.00
\$ 15	\$ 0.01	\$ -	\$ -	\$ 15	\$ 0.01	Realized Gain / Loss	\$ 1,765	\$ 0.07	\$ 1,751	\$ 0.07	\$ 15	\$ 0.00
\$ 543	\$ 0.22	\$ -	\$ -	\$ 543	\$ 0.22	Unrealized Gain / Loss	\$ (7,031)	\$ (0.30)	\$ (7,574)	\$ (0.32)	\$ 543	\$ 0.02
\$ (2,887)	\$ (1.18)	\$ (1,987)	\$ (0.82)	\$ (900)	\$ (0.36)	Total Non-Operating Income (Expense)	\$ (17,171)	\$ (0.72)	\$ (16,271)	\$ (0.69)	\$ (900)	\$ (0.04)
\$ 15,896	\$ 6.50	\$ 2,921	\$ 1.20	\$ 12,976	\$ 5.30	Net Surplus (Deficit)	\$ 118,946	\$ 5.01	\$ 105,970	\$ 4.47	\$ 12,976	\$ 0.54
2.0%		0.4%		1.6%		Margin(%)	1.5%		1.4%		0.2%	



MediCal Plan Partners Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
1,054,545		1,052,542		2,003	
\$ 287,517	\$ 272.65	\$ 276,710	\$ 262.90	\$ 10,807	\$ 9.75
\$ 287,517	\$ 272.65	\$ 276,710	\$ 262.90	\$ 10,807	\$ 9.75
\$ 272,278	\$ 258.19	\$ 261,820	\$ 248.75	\$ (10,458)	\$ (9.44)
\$ 7	\$ 0.01	\$ -	\$ -	\$ (7)	\$ (0.01)
\$ 4	\$ 0.00	\$ -	\$ -	\$ (4)	\$ (0.00)
\$ 4	\$ 0.00	\$ -	\$ -	\$ (4)	\$ (0.00)
\$ 2,505	\$ 2.38	\$ 2,428	\$ 2.31	\$ (77)	\$ (0.07)
\$ 985	\$ 0.93	\$ 1,171	\$ 1.11	\$ 187	\$ 0.18
\$ 275,783	\$ 261.52	\$ 265,419	\$ 252.17	\$ (10,364)	\$ (9.35)
95.9%		95.9%		0.0%	
\$ 11,734	\$ 11.13	\$ 11,291	\$ 10.73	\$ 443	\$ 0.40
\$ 6,381	\$ 6.05	\$ 6,521	\$ 6.20	\$ 141	\$ 0.15
2.2%		2.4%		0.1%	
\$ 5,353	\$ 5.08	\$ 4,770	\$ 4.53	\$ 584	\$ 0.55
\$ 817	\$ 0.77	\$ 550	\$ 0.52	\$ 266	\$ 0.25
\$ 6,170	\$ 5.85	\$ 5,320	\$ 5.05	\$ 850	\$ 0.80
2.1%		1.9%		0.2%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	10,321,042		10,319,039		2,003	
Revenue						
Capitation	\$ 2,722,208	\$ 263.75	\$ 2,711,400	\$ 262.76	\$ 10,807	\$ 1.00
Total Revenues	\$ 2,722,208	\$ 263.75	\$ 2,711,400	\$ 262.76	\$ 10,807	\$ 1.00
Healthcare Expenses						
Capitation	\$ 2,579,369	\$ 249.91	\$ 2,568,911	\$ 248.95	\$ (10,458)	\$ (0.96)
Inpatient Claims	\$ 142	\$ 0.01	\$ 135	\$ 0.01	\$ (7)	\$ (0.00)
Outpatient Claims	\$ 18	\$ 0.00	\$ 14	\$ 0.00	\$ (4)	\$ (0.00)
Skilled Nursing Facility	\$ 4	\$ 0.00	\$ -	\$ -	\$ (4)	\$ (0.00)
Provider Incentives and Shared Risk	\$ 24,517	\$ 2.38	\$ 24,440	\$ 2.37	\$ (77)	\$ (0.01)
Medical Administrative Expenses	\$ 11,395	\$ 1.10	\$ 11,582	\$ 1.12	\$ 187	\$ 0.02
Total Healthcare Expenses	\$ 2,615,445	\$ 253.41	\$ 2,605,081	\$ 252.45	\$ (10,364)	\$ (0.96)
MCR(%)	96.1%		96.1%		0.0%	
Operating Margin	\$ 106,762	\$ 10.34	\$ 106,319	\$ 10.30	\$ 443	\$ 0.04
Total Operating Expenses	\$ 58,549	\$ 5.67	\$ 58,690	\$ 5.69	\$ 141	\$ 0.01
Admin Ratio(%)	2.2%		2.2%		0.0%	
Income (Loss) from Operations	\$ 48,213	\$ 4.67	\$ 47,629	\$ 4.62	\$ 584	\$ 0.06
Total Non-Operating Income (Expense)	\$ 6,537	\$ 0.63	\$ 6,271	\$ 0.61	\$ 266	\$ 0.03
Net Surplus (Deficit)	\$ 54,751	\$ 5.30	\$ 53,901	\$ 5.22	\$ 850	\$ 0.08
Margin(%)	2.0%		2.0%		0.0%	



SPD-CCI Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
232,499		232,827		(328)							
Membership						Member Months					
						2,300,872		2,301,200		(328)	
Revenue						Revenue					
\$ 188,803	\$ 812.06	\$ 191,181	\$ 821.13	\$ (2,379)	\$ (9.07)	\$ 1,853,315	\$ 805.48	\$ 1,855,694	\$ 806.40	\$ (2,379)	\$ (0.92)
\$ 188,803	\$ 812.06	\$ 191,181	\$ 821.13	\$ (2,379)	\$ (9.07)	\$ 1,853,315	\$ 805.48	\$ 1,855,694	\$ 806.40	\$ (2,379)	\$ (0.92)
Healthcare Expenses						Healthcare Expenses					
\$ 19,078	\$ 82.06	\$ 19,506	\$ 83.78	\$ 428	\$ 1.72	\$ 182,748	\$ 79.43	\$ 183,176	\$ 79.60	\$ 428	\$ 0.17
\$ 36,993	\$ 159.11	\$ 34,496	\$ 148.16	\$ (2,497)	\$ (10.95)	\$ 383,472	\$ 166.66	\$ 380,974	\$ 165.55	\$ (2,497)	\$ (1.11)
\$ 37,210	\$ 160.05	\$ 42,007	\$ 180.42	\$ 4,796	\$ 20.38	\$ 394,481	\$ 171.45	\$ 399,278	\$ 173.51	\$ 4,796	\$ 2.06
\$ 61,257	\$ 263.47	\$ 58,116	\$ 249.61	\$ (3,141)	\$ (13.86)	\$ 578,605	\$ 251.47	\$ 575,464	\$ 250.07	\$ (3,141)	\$ (1.40)
\$ 16,113	\$ 69.30	\$ 17,826	\$ 76.56	\$ 1,713	\$ 7.26	\$ 174,647	\$ 75.90	\$ 176,360	\$ 76.64	\$ 1,713	\$ 0.73
\$ 2,890	\$ 12.43	\$ 2,139	\$ 9.19	\$ (751)	\$ (3.24)	\$ 2,736	\$ 1.19	\$ 1,985	\$ 0.86	\$ (751)	\$ (0.33)
\$ 1,782	\$ 7.66	\$ 2,370	\$ 10.18	\$ 588	\$ 2.52	\$ 21,710	\$ 9.44	\$ 22,299	\$ 9.69	\$ 588	\$ 0.25
\$ 175,323	\$ 754.08	\$ 176,459	\$ 757.90	\$ 1,137	\$ 3.82	\$ 1,738,399	\$ 755.54	\$ 1,739,536	\$ 755.93	\$ 1,137	\$ 0.39
92.9%		92.3%		-0.6%		93.8%		93.7%		-0.1%	
\$ 13,480	\$ 57.98	\$ 14,722	\$ 63.23	\$ (1,242)	\$ (5.25)	\$ 114,916	\$ 49.94	\$ 116,158	\$ 50.48	\$ (1,242)	\$ (0.53)
\$ 12,186	\$ 52.41	\$ 14,274	\$ 61.31	\$ 2,088	\$ 8.89	\$ 121,191	\$ 52.67	\$ 123,278	\$ 53.57	\$ 2,088	\$ 0.90
6.5%		7.5%		1.0%		6.5%		6.6%		0.1%	
\$ 1,294	\$ 5.56	\$ 448	\$ 1.92	\$ 846	\$ 3.64	\$ (6,274)	\$ (2.73)	\$ (7,120)	\$ (3.09)	\$ 846	\$ 0.37
\$ 446	\$ 1.92	\$ 263	\$ 1.13	\$ 183	\$ 0.79	\$ 2,936	\$ 1.28	\$ 2,753	\$ 1.20	\$ 183	\$ 0.08
\$ 1,740	\$ 7.48	\$ 711	\$ 3.05	\$ 1,029	\$ 4.43	\$ (3,338)	\$ (1.45)	\$ (4,367)	\$ (1.90)	\$ 1,029	\$ 0.45
0.9%		0.4%		0.5%		-0.2%		-0.2%		0.1%	
Operating Margin						Operating Margin					
						\$ 114,916	\$ 49.94	\$ 116,158	\$ 50.48	\$ (1,242)	\$ (0.53)
Total Operating Expenses						Total Operating Expenses					
						\$ 121,191	\$ 52.67	\$ 123,278	\$ 53.57	\$ 2,088	\$ 0.90
						6.5%		6.6%		0.1%	
Income (Loss) from Operations						Income (Loss) from Operations					
						\$ (6,274)	\$ (2.73)	\$ (7,120)	\$ (3.09)	\$ 846	\$ 0.37
Total Non-Operating Income (Expense)						Total Non-Operating Income (Expense)					
						\$ 2,936	\$ 1.28	\$ 2,753	\$ 1.20	\$ 183	\$ 0.08
Net Surplus (Deficit)						Net Surplus (Deficit)					
						\$ (3,338)	\$ (1.45)	\$ (4,367)	\$ (1.90)	\$ 1,029	\$ 0.45
						-0.2%		-0.2%		0.1%	



TANF-MCE Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
989,235		984,059		5,176							
						Membership					
						Member Months	9,518,819		9,513,643		5,176
						Revenue					
\$ 248,220	\$ 250.92	\$ 245,556	\$ 249.53	\$ 2,663	\$ 1.39	Capitation	\$ 2,355,429	\$ 247.45	\$ 2,352,765	\$ 247.30	\$ 2,663 \$ 0.15
\$ 248,220	\$ 250.92	\$ 245,556	\$ 249.53	\$ 2,663	\$ 1.39	Total Revenues	\$ 2,355,429	\$ 247.45	\$ 2,352,765	\$ 247.30	\$ 2,663 \$ 0.15
						Healthcare Expenses					
\$ 104,615	\$ 105.75	\$ 105,294	\$ 107.00	\$ 680	\$ 1.25	Capitation	\$ 986,847	\$ 103.67	\$ 987,526	\$ 103.80	\$ 680 \$ 0.13
\$ 49,856	\$ 50.40	\$ 48,190	\$ 48.97	\$ (1,666)	\$ (1.43)	Inpatient Claims	\$ 455,390	\$ 47.84	\$ 453,724	\$ 47.69	\$ (1,666) \$ (0.15)
\$ 23,267	\$ 23.52	\$ 31,692	\$ 32.21	\$ 8,425	\$ 8.69	Outpatient Claims	\$ 268,398	\$ 28.20	\$ 276,823	\$ 29.10	\$ 8,425 \$ 0.90
\$ 10,273	\$ 10.38	\$ 8,106	\$ 8.24	\$ (2,167)	\$ (2.15)	Skilled Nursing Facility	\$ 86,799	\$ 9.12	\$ 84,632	\$ 8.90	\$ (2,167) \$ (0.22)
\$ 33,825	\$ 34.19	\$ 36,823	\$ 37.42	\$ 2,998	\$ 3.23	Pharmacy	\$ 347,187	\$ 36.47	\$ 350,185	\$ 36.81	\$ 2,998 \$ 0.33
\$ 1,970	\$ 1.99	\$ 2,405	\$ 2.44	\$ 436	\$ 0.45	Provider Incentives and Shared Risk	\$ 18,278	\$ 1.92	\$ 18,713	\$ 1.97	\$ 436 \$ 0.05
\$ 2,792	\$ 2.82	\$ 3,248	\$ 3.30	\$ 456	\$ 0.48	Medical Administrative Expenses	\$ 32,791	\$ 3.44	\$ 33,247	\$ 3.49	\$ 456 \$ 0.05
\$ 226,597	\$ 229.06	\$ 235,758	\$ 239.58	\$ 9,161	\$ 10.51	Total Healthcare Expenses	\$ 2,195,689	\$ 230.67	\$ 2,204,850	\$ 231.76	\$ 9,161 \$ 1.09
91.3%		96.0%		4.7%		MCR(%)	93.2%		93.7%		0.5%
\$ 21,623	\$ 21.86	\$ 9,798	\$ 9.96	\$ 11,825	\$ 11.90	Operating Margin	\$ 159,740	\$ 16.78	\$ 147,915	\$ 15.55	\$ 11,825 \$ 1.23
\$ 14,815	\$ 14.98	\$ 13,767	\$ 13.99	\$ (1,048)	\$ (0.99)	Total Operating Expenses	\$ 131,505	\$ 13.82	\$ 130,457	\$ 13.71	\$ (1,048) \$ (0.10)
6.0%		5.6%		-0.4%		Admin Ratio(%)	5.6%		5.5%		0.0%
\$ 6,808	\$ 6.88	\$ (3,969)	\$ (4.03)	\$ 10,776	\$ 10.91	Income (Loss) from Operations	\$ 28,234	\$ 2.97	\$ 17,458	\$ 1.84	\$ 10,776 \$ 1.13
\$ 543	\$ 0.55	\$ 401	\$ 0.41	\$ 143	\$ 0.14	Total Non-Operating Income (Expense)	\$ 5,096	\$ 0.54	\$ 4,954	\$ 0.52	\$ 143 \$ 0.01
\$ 7,351	\$ 7.43	\$ (3,568)	\$ (3.63)	\$ 10,919	\$ 11.06	Net Surplus (Deficit)	\$ 33,331	\$ 3.50	\$ 22,412	\$ 2.36	\$ 10,919 \$ 1.15
3.0%		-1.5%		4.4%		Margin(%)	1.4%		1.0%		0.5%



CMC Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
18,740		18,990		(250)							
\$ 25,494	\$ 1,360.41	\$ 26,076	\$ 1,373.17	\$ (582)	\$ (12.76)						
\$ 25,494	\$ 1,360.41	\$ 26,076	\$ 1,373.17	\$ (582)	\$ (12.76)						
\$ 11,443	\$ 610.62	\$ 11,656	\$ 613.80	\$ 213	\$ 3.18						
\$ 6,155	\$ 328.43	\$ 6,615	\$ 348.36	\$ 461	\$ 19.93						
\$ 3,775	\$ 201.47	\$ 2,622	\$ 138.07	\$ (1,154)	\$ (63.40)						
\$ 2,157	\$ 115.09	\$ 1,391	\$ 73.24	\$ (766)	\$ (41.85)						
\$ 2,820	\$ 150.46	\$ 1,303	\$ 68.62	\$ (1,516)	\$ (81.84)						
\$ 767	\$ 40.95	\$ 2,145	\$ 112.96	\$ 1,378	\$ 72.01						
\$ 258	\$ 13.76	\$ 236	\$ 12.41	\$ (22)	\$ (1.34)						
\$ 27,375	\$ 1,460.77	\$ 25,968	\$ 1,367.46	\$ (1,407)	\$ (93.31)						
107.4%		99.6%		-7.8%							
\$ (1,881)	\$ (100.37)	\$ 108	\$ 5.70	\$ (1,989)	\$ (106.07)						
\$ 1,833	\$ 97.81	\$ 1,749	\$ 92.11	\$ (84)	\$ (5.70)						
7.2%		6.7%		-0.5%							
\$ (3,714)	\$ (198.18)	\$ (1,641)	\$ (86.41)	\$ (2,073)	\$ (111.77)						
\$ 12	\$ 0.61	\$ 7	\$ 0.39	\$ 4	\$ 0.22						
\$ (3,702)	\$ (197.57)	\$ (1,634)	\$ (86.02)	\$ (2,069)	\$ (111.55)						
-14.5%		-6.3%		-8.3%							
						Membership					
						Member Months	185,785	186,035	(250)		
						Revenue					
						Capitation	\$ 261,334	\$ 1,406.65	\$ 261,916	\$ 1,407.89	\$ (582) \$ (1.24)
						Total Revenues	\$ 261,334	\$ 1,406.65	\$ 261,916	\$ 1,407.89	\$ (582) \$ (1.24)
						Healthcare Expenses					
						Capitation	\$ 112,591	\$ 606.03	\$ 112,804	\$ 606.36	\$ 213 \$ 0.33
						Inpatient Claims	\$ 49,797	\$ 268.04	\$ 50,258	\$ 270.15	\$ 461 \$ 2.12
						Outpatient Claims	\$ 25,995	\$ 139.92	\$ 24,842	\$ 133.53	\$ (1,154) \$ (6.39)
						Skilled Nursing Facility	\$ 18,511	\$ 99.64	\$ 17,745	\$ 95.39	\$ (766) \$ (4.25)
						Pharmacy	\$ 14,973	\$ 80.59	\$ 13,457	\$ 72.34	\$ (1,516) \$ (8.26)
						Provider Incentives and Shared Risk	\$ 7,932	\$ 42.70	\$ 9,310	\$ 50.04	\$ 1,378 \$ 7.35
						Medical Administrative Expenses	\$ 2,230	\$ 12.00	\$ 2,208	\$ 11.87	\$ (22) \$ (0.13)
						Total Healthcare Expenses	\$ 232,030	\$ 1,248.92	\$ 230,623	\$ 1,239.68	\$ (1,407) \$ (9.24)
						MCR(%)	88.8%	88.1%	-0.7%		
						Operating Margin	\$ 29,304	\$ 157.73	\$ 31,293	\$ 168.21	\$ (1,989) \$ (10.48)
						Total Operating Expenses	\$ 16,003	\$ 86.14	\$ 15,919	\$ 85.57	\$ (84) \$ (0.57)
						Admin Ratio(%)	6.1%	6.1%	0.0%		
						Income (Loss) from Operations	\$ 13,301	\$ 71.59	\$ 15,374	\$ 82.64	\$ (2,073) \$ (11.05)
						Total Non-Operating Income (Expense)	\$ 90	\$ 0.49	\$ 86	\$ 0.46	\$ 4 \$ 0.02
						Net Surplus (Deficit)	\$ 13,391	\$ 72.08	\$ 15,460	\$ 83.10	\$ (2,069) \$ (11.02)
						Margin(%)	5.1%	5.9%	-0.8%		



Commercial Income Statement (\$ in thousands)

July 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
149,381		146,329		3,052	
\$ 51,868	\$ 347.22	\$ 50,001	\$ 341.70	\$ 1,867	\$ 5.52
\$ 51,868	\$ 347.22	\$ 50,001	\$ 341.70	\$ 1,867	\$ 5.52
\$ 19,771	\$ 132.35	\$ 20,233	\$ 138.27	\$ 463	\$ 5.92
\$ 7,553	\$ 50.56	\$ 8,353	\$ 57.08	\$ 800	\$ 6.52
\$ 3,635	\$ 24.33	\$ 4,026	\$ 27.51	\$ 391	\$ 3.18
\$ 115	\$ 0.77	\$ -	\$ -	\$ (115)	\$ (0.77)
\$ 7,432	\$ 49.75	\$ 7,426	\$ 50.75	\$ (6)	\$ 1.00
\$ (99)	\$ (0.66)	\$ (40)	\$ (0.27)	\$ 59	\$ 0.39
\$ 96	\$ 0.64	\$ 120	\$ 0.82	\$ 24	\$ 0.17
\$ 38,503	\$ 257.75	\$ 40,118	\$ 274.16	\$ 1,615	\$ 16.41
74.2%		80.2%		6.0%	
\$ 13,365	\$ 89.47	\$ 9,883	\$ 67.54	\$ 3,482	\$ 21.93
\$ 4,080	\$ 27.31	\$ 4,387	\$ 29.98	\$ 308	\$ 2.67
7.9%		8.8%		0.9%	
\$ 9,286	\$ 62.16	\$ 5,495	\$ 37.56	\$ 3,790	\$ 24.61
\$ (95)	\$ (0.63)	\$ (95)	\$ (0.65)	\$ 0	\$ 0.01
\$ 9,191	\$ 61.53	\$ 5,401	\$ 36.91	\$ 3,790	\$ 24.62
17.7%		10.8%		6.9%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	1,410,375		1,407,323		3,052	
Revenue						
Capitation	\$ 483,858	\$ 343.07	\$ 481,991	\$ 342.49	\$ 1,867	\$ 0.58
Total Revenues	\$ 483,858	\$ 343.07	\$ 481,991	\$ 342.49	\$ 1,867	\$ 0.58
Healthcare Expenses						
Capitation	\$ 194,807	\$ 138.12	\$ 195,270	\$ 138.75	\$ 463	\$ 0.63
Inpatient Claims	\$ 67,064	\$ 47.55	\$ 67,864	\$ 48.22	\$ 800	\$ 0.67
Outpatient Claims	\$ 36,270	\$ 25.72	\$ 36,661	\$ 26.05	\$ 391	\$ 0.33
Skilled Nursing Facility	\$ 1,026	\$ 0.73	\$ 911	\$ 0.65	\$ (115)	\$ (0.08)
Pharmacy	\$ 78,457	\$ 55.63	\$ 78,451	\$ 55.74	\$ (6)	\$ 0.12
Provider Incentives and Shared Risk	\$ 10,949	\$ 7.76	\$ 11,008	\$ 7.82	\$ 59	\$ 0.06
Medical Administrative Expenses	\$ 971	\$ 0.69	\$ 994	\$ 0.71	\$ 24	\$ 0.02
Total Healthcare Expenses	\$ 389,543	\$ 276.20	\$ 391,159	\$ 277.95	\$ 1,615	\$ 1.75
MCR(%)	80.5%		81.2%		0.6%	
Operating Margin	\$ 94,314	\$ 66.87	\$ 90,832	\$ 64.54	\$ 3,482	\$ 2.33
Total Operating Expenses	\$ 40,133	\$ 28.46	\$ 40,441	\$ 28.74	\$ 308	\$ 0.28
Admin Ratio(%)	8.3%		8.4%		0.1%	
Income (Loss) from Operations	\$ 54,181	\$ 38.42	\$ 50,391	\$ 35.81	\$ 3,790	\$ 2.61
Total Non-Operating Income (Expense)	\$ (662)	\$ (0.47)	\$ (662)	\$ (0.47)	\$ 0	\$ 0.00
Net Surplus (Deficit)	\$ 53,519	\$ 37.95	\$ 49,729	\$ 35.34	\$ 3,790	\$ 2.61
Margin(%)	11.1%		10.3%		0.7%	



Comparative Balance Sheet

(Dollars in thousands)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
ASSETS												
CURRENT ASSETS												
Total Current Assets	\$4,203,693	\$4,998,308	\$4,241,836	\$4,207,217	\$4,181,392	\$4,809,535	\$4,330,863	\$5,190,573	\$4,329,113	\$5,008,584	\$4,417,086	\$4,476,248
Capitalized Assets - net	\$110,650	\$106,386	\$106,066	\$106,179	\$105,925	\$106,571	\$106,748	\$106,854	\$106,981	\$108,499	\$108,480	\$108,396
NONCURRENT ASSETS	\$3,533	\$4,542	\$4,385	\$4,249	\$4,114	\$3,978	\$3,843	\$3,707	\$3,572	\$3,587	\$3,451	\$3,525
TOTAL ASSETS	\$4,317,877	\$5,109,236	\$4,352,287	\$4,317,645	\$4,291,430	\$4,920,085	\$4,441,454	\$5,301,134	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	\$3,247,809	\$4,189,202	\$3,441,433	\$3,412,807	\$3,385,813	\$3,982,202	\$3,453,802	\$4,291,997	\$3,401,470	\$4,098,215	\$3,506,888	\$3,550,234
Long Term Liability	\$2,770	\$3,474	\$3,385	\$3,441	\$3,296	\$3,177	\$3,078	\$2,998	\$2,890	\$2,666	\$2,520	\$2,429
Total Liabilities	\$3,250,579	\$4,192,676	\$3,444,817	\$3,416,248	\$3,389,109	\$3,985,380	\$3,456,879	\$4,294,995	\$3,404,360	\$4,100,881	\$3,509,407	\$3,552,663
FUND EQUITY												
Invested in Capital Assets, net of related debt	\$110,650	\$106,386	\$106,066	\$106,179	\$105,925	\$106,571	\$106,748	\$106,854	\$106,981	\$108,499	\$108,480	\$108,396
Restricted Equity	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$450	\$450	\$450
Minimum Tangible Net Equity	\$189,555	\$192,597	\$193,021	\$194,442	\$196,418	\$198,522	\$198,522	\$201,033	\$204,021	\$204,783	\$202,695	\$202,973
Board Designated Funds	\$76,347	\$74,752	\$72,431	\$99,641	\$96,946	\$95,648	\$94,811	\$117,246	\$107,345	\$106,234	\$101,558	\$97,416
Unrestricted Net Assets	\$690,446	\$542,525	\$535,652	\$500,835	\$502,733	\$533,663	\$584,193	\$580,706	\$616,659	\$599,822	\$606,426	\$626,271
Total Fund Equity	\$1,067,298	\$916,560	\$907,470	\$901,397	\$902,321	\$934,705	\$984,575	\$1,006,139	\$1,035,306	\$1,019,789	\$1,019,609	\$1,035,506
TOTAL LIABILITIES AND FUND EQUITY	\$4,317,877	\$5,109,236	\$4,352,287	\$4,317,645	\$4,291,430	\$4,920,085	\$4,441,454	\$5,301,134	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169
Solvency Ratios												
Working Capital Ratio	1.29	1.19	1.23	1.23	1.23	1.21	1.25	1.21	1.27	1.22	1.26	1.26
Cash to Claims Ratio	0.57	0.82	0.55	0.52	0.51	0.72	0.53	0.83	0.56	0.77	0.57	0.57
Tangible Net Equity Ratio	5.63	4.76	4.70	4.64	4.59	4.71	4.96	5.00	5.07	4.98	5.03	5.10



Cash Flows Statement (\$ in thousands)

July 2021

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	YTD
Cash Flows from Operating Activities:											
Capitation Revenue	\$ 733,660	\$ 660,475	\$ 725,317	\$ 820,712	\$ 672,640	\$ 870,447	\$ 819,682	\$ 739,949	\$ 785,543	\$ 821,845	\$ 7,650,270
Other Income (Expense), net	\$ 8,578	\$ 229	\$ (1,303)	\$ 84	\$ (134)	\$ (1,043)	\$ (14,237)	\$ (823)	\$ (2,459)	\$ (4,407)	\$ (15,515)
Healthcare Expenses	\$ (653,134)	\$ (666,833)	\$ (692,179)	\$ (669,618)	\$ (657,134)	\$ (719,999)	\$ (765,164)	\$ (724,527)	\$ (706,757)	\$ (694,076)	\$ (6,949,421)
Operating Expenses	\$ (40,394)	\$ (31,516)	\$ (46,394)	\$ (30,344)	\$ (32,090)	\$ (29,565)	\$ (38,339)	\$ (30,900)	\$ (32,052)	\$ (35,886)	\$ (347,480)
Net Cash Provided By Operating Activities	\$ 48,710	\$ (37,645)	\$ (14,559)	\$ 120,834	\$ (16,718)	\$ 119,840	\$ 1,942	\$ (16,301)	\$ 44,275	\$ 87,476	\$ 337,854
Cash Flows from Investing Activities											
Purchase of investments - Net	\$ (39,775)	\$ 183,866	\$ (32,271)	\$ 25,040	\$ 38,635	\$ 373,890	\$ (401,184)	\$ 22,840	\$ (5,159)	\$ (44,234)	\$ 121,648
Purchase of Capital Assets	\$ (2,115)	\$ (2,545)	\$ (2,268)	\$ (3,109)	\$ (2,716)	\$ (2,761)	\$ (2,929)	\$ (4,197)	\$ (2,842)	\$ (2,710)	\$ (28,192)
Net Cash Provided By Investing Activities	\$ (41,890)	\$ 181,321	\$ (34,539)	\$ 21,931	\$ 35,919	\$ 371,129	\$ (404,113)	\$ 18,643	\$ (8,001)	\$ (46,944)	\$ 93,456
Cash Flows from Financing Activities:											
Gross Premium Tax (MCO Sales Tax) - Net	\$ (21)	\$ (16,034)	\$ (26,731)	\$ 24,849	\$ 13,253	\$ 15,394	\$ (23,854)	\$ 13,856	\$ 14,458	\$ (23,575)	\$ (8,405)
Pass through transactions (AB 85, IGT, etc.)	\$ (850,679)	\$ 8,822	\$ 8,765	\$ 551,296	\$ (568,538)	\$ 463,260	\$ (506,673)	\$ 666,364	\$ (665,000)	\$ 123	\$ (892,260)
Net Cash Provided By Financing Activities	\$ (850,700)	\$ (7,212)	\$ (17,966)	\$ 576,145	\$ (555,285)	\$ 478,654	\$ (530,527)	\$ 680,220	\$ (650,542)	\$ (23,452)	\$ (900,665)
Net Increase in Cash and Cash Equivalents	\$ (843,880)	\$ 136,464	\$ (67,064)	\$ 718,910	\$ (536,084)	\$ 969,623	\$ (932,698)	\$ 682,562	\$ (614,268)	\$ 17,080	\$ (469,355)
Cash and Cash Equivalents, Beginning	\$ 1,144,914	\$ 301,034	\$ 437,498	\$ 370,434	\$ 1,089,344	\$ 553,260	\$ 1,522,883	\$ 590,185	\$ 1,272,747	\$ 658,479	\$ 1,144,914
Cash and Cash Equivalents, Ending	\$ 301,034	\$ 437,498	\$ 370,434	\$ 1,089,344	\$ 553,260	\$ 1,522,883	\$ 590,185	\$ 1,272,747	\$ 658,479	\$ 675,559	\$ 675,559
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:											
Excess of Revenues over Expenses	\$ (9,090)	\$ (6,073)	\$ 924	\$ 32,384	\$ 49,869	\$ 21,565	\$ 29,167	\$ (15,517)	\$ (180)	\$ 15,896	\$ 118,945
Adjustments to Excess of Revenues Over Expenses:											
Depreciation	\$ 2,435	\$ 2,432	\$ 2,522	\$ 2,463	\$ 2,539	\$ 2,655	\$ 2,803	\$ 2,678	\$ 2,861	\$ 2,794	\$ 26,182
Realized and Unrealized (Gain)/Loss on Investments	\$ 1,031	\$ 11	\$ 31	\$ 569	\$ 2,188	\$ 1,650	\$ (692)	\$ (609)	\$ 1,644	\$ (557)	\$ 5,266
Deferred Rent	\$ (90)	\$ 56	\$ (145)	\$ (119)	\$ (99)	\$ (79)	\$ (108)	\$ (224)	\$ (146)	\$ (90)	\$ (1,044)
Gross Premium Tax provision	\$ 501	\$ 368	\$ 328	\$ (1,232)	\$ (2,842)	\$ (1,334)	\$ (1,440)	\$ (1,556)	\$ (2,095)	\$ (280)	\$ (9,582)
Total Adjustments to Excess of Revenues over Expenses	\$ 3,877	\$ 2,867	\$ 2,736	\$ 1,681	\$ 1,786	\$ 2,892	\$ 563	\$ 289	\$ 2,264	\$ 1,867	\$ 20,822
Changes in Operating Assets and Liabilities:											
Capitation Receivable	\$ (21,495)	\$ (43,146)	\$ (5,090)	\$ 55,489	\$ (77,042)	\$ 87,038	\$ (12,268)	\$ (4,012)	\$ (26,331)	\$ (4,413)	\$ (51,270)
Interest and Non-Operating Receivables	\$ 75	\$ 1,244	\$ (329)	\$ 96	\$ 20	\$ 255	\$ 148	\$ (39)	\$ 185	\$ 2	\$ 1,657
Prepaid and Other Current Assets	\$ (2,504)	\$ 5,666	\$ (1,815)	\$ 213	\$ (20,181)	\$ (4,217)	\$ (7,096)	\$ (13,608)	\$ 10,043	\$ 626	\$ (32,873)
Accounts Payable and Accrued Liabilities	\$ (4,181)	\$ 519	\$ (8,306)	\$ 1,923	\$ (2,432)	\$ 4,351	\$ (3,554)	\$ 2,955	\$ 3,631	\$ 1,190	\$ (3,904)
Subcapitation Payable	\$ 25,915	\$ 28,318	\$ (533)	\$ (5,044)	\$ 55,745	\$ 16,701	\$ (53,397)	\$ 35,383	\$ 29,760	\$ 39,650	\$ 172,498
MediCal Adult Expansion Payable	\$ (824)	\$ 771	\$ (41)	\$ 4,583	\$ (15)	\$ 2	\$ (32)	\$ (29)	\$ (29)	\$ (28)	\$ 4,358
Deferred Capitation Revenue	\$ 26,137	\$ (27,093)	\$ (188)	\$ 1,873	\$ (32,459)	\$ 1,231	\$ 57,102	\$ (25,265)	\$ (297)	\$ 24,356	\$ 25,397
Accrued Medical Expenses	\$ (4,760)	\$ (233)	\$ 1,166	\$ 82	\$ (1,621)	\$ 16,562	\$ 3,836	\$ (17,795)	\$ 10,251	\$ 5,820	\$ 13,308
Reserve for Claims	\$ 30,835	\$ 11,611	\$ 4,913	\$ 25,601	\$ 12,534	\$ (32,359)	\$ (7,755)	\$ 5,919	\$ 4,305	\$ (1,838)	\$ 53,766
Reserve for Provider Incentives	\$ 3,990	\$ (11,696)	\$ (8,819)	\$ 1,608	\$ (2,984)	\$ (918)	\$ 4	\$ 15,643	\$ 8,981	\$ 5,034	\$ 10,843
Grants Payable	\$ 735	\$ (400)	\$ 823	\$ 345	\$ 62	\$ 6,737	\$ (4,776)	\$ (225)	\$ 1,692	\$ (686)	\$ 4,307
Net Changes in Operating Assets and Liabilities	\$ 53,923	\$ (34,439)	\$ (18,219)	\$ 86,769	\$ (68,373)	\$ 95,383	\$ (27,788)	\$ (1,073)	\$ 42,191	\$ 69,713	\$ 198,087
Net Cash Provided By Operating Activities	\$ 48,710	\$ (37,645)	\$ (14,559)	\$ 120,834	\$ (16,718)	\$ 119,840	\$ 1,942	\$ (16,301)	\$ 44,275	\$ 87,476	\$ 337,854



L.A. Care
HEALTH PLAN®

Financial Performance
August 2021
(Unaudited)



Financial Performance Results Highlights - Year-to-Date

August 2021

Overall

The combined member months are 26.2 million year-to-date, which is 31,241 member months favorable to the 9+3 forecast. The performance is a surplus of \$110.7 million or 1.3% of revenue and is \$0.1 million favorable to the forecast. Although the net surplus is in line with the 9+3 forecast, outpatient claims are significantly better than the forecast but are offset by higher skilled nursing facility costs, inpatient claims and pharmacy costs. The majority of the favorable variance in revenues is driven by an increase in Plan Partners institutional members with a corresponding increase in capitation expenses. Lower operating expenses also contributed to higher surplus but was offset by higher spending in community resource centers and timing in grant spending.

MediCal Plan Partners

The member months are 11.4 million, which is 6,225 member months favorable to the 9+3 forecast. The performance is a surplus of \$60.2 million and is \$0.5 million favorable to the forecast. The favorability in revenues and the corresponding unfavorability in capitation expense are primarily driven by higher than forecasted institutional members. The net surplus is basically in line with the 9+3 forecast.

MediCal SPD-CCI

The member months are 2.6 million, which is 15,058 member months favorable to the 9+3 forecast. The performance is a deficit of \$6.5 million and is \$3.2 million unfavorable to the 9+3 forecast. The unfavorability is due to higher than forecasted skilled nursing facility costs, inpatient claims, and provider incentives and shared risk. Partially offsetting these items are lower than forecasted outpatient claims and operating expenses. Revenues are unfavorable driven by the revenue corridor as we continue to experience lower proportional institutional member count but are offset by a favorable DHCS system correction true-up adjustment.

MediCal TANF-MCE

The member months are 10.5 million, which is 1,668 member months favorable to the 9+3 forecast. The performance is a surplus of \$26.6 million and is \$7.2 million favorable to the 9+3 forecast. The favorability is driven by better than forecasted outpatient claims and operating expenses; but are partially offset by higher than expected inpatient claims, skilled nursing facilities costs and pharmacy expense.

Cal MediConnect (CMC)

The member months are 204,534, which is 616 member months unfavorable to the 9+3 forecast. The performance is a surplus of \$8.9 million and is \$5.2 million unfavorable to the forecast. The unfavorability is driven by higher than forecasted outpatient claims, skilled nursing facility costs, and pharmacy expense; but is partially offset by favorable inpatient claims and provider incentives.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1,562,558, which is 8,906 member months favorable to the 9+3 forecast. The performance is a surplus of \$59.2 million and is \$4.0 million favorable to the forecast driven by higher than forecasted membership and lower inpatient and outpatient claims, but is partially offset by higher than forecasted pharmacy costs.



Consolidated Operations Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,464,474		2,442,886		21,588								
						Membership						
						Member Months	26,201,367	26,170,126	31,241			
						Revenue						
						Capitation	\$ 8,476,379	\$ 323.51	\$ 8,456,026	\$ 323.12	\$ 20,353	\$ 0.39
\$ 800,236	\$ 324.71	\$ 792,259	\$ 324.31	\$ 7,976	\$ 0.40	Total Revenues	\$ 8,476,379	\$ 323.51	\$ 8,456,026	\$ 323.12	\$ 20,353	\$ 0.39
						Healthcare Expenses						
\$ 422,380	\$ 171.39	\$ 419,918	\$ 171.89	\$ (2,461)	\$ 0.51	Capitation	\$ 4,478,741	\$ 170.94	\$ 4,467,605	\$ 170.71	\$ (11,136)	\$ (0.22)
\$ 107,714	\$ 43.71	\$ 98,039	\$ 40.13	\$ (9,675)	\$ (3.57)	Inpatient Claims	\$ 1,063,580	\$ 40.59	\$ 1,050,995	\$ 40.16	\$ (12,586)	\$ (0.43)
\$ 66,164	\$ 26.85	\$ 80,653	\$ 33.02	\$ 14,489	\$ 6.17	Outpatient Claims	\$ 791,326	\$ 30.20	\$ 818,270	\$ 31.27	\$ 26,944	\$ 1.07
\$ 80,548	\$ 32.68	\$ 67,882	\$ 27.79	\$ (12,666)	\$ (4.90)	Skilled Nursing Facility	\$ 765,494	\$ 29.22	\$ 746,634	\$ 28.53	\$ (18,859)	\$ (0.69)
\$ 73,876	\$ 29.98	\$ 63,601	\$ 26.04	\$ (10,275)	\$ (3.94)	Pharmacy	\$ 689,139	\$ 26.30	\$ 682,054	\$ 26.06	\$ (7,086)	\$ (0.24)
\$ 9,905	\$ 4.02	\$ 9,117	\$ 3.73	\$ (788)	\$ (0.29)	Provider Incentives and Shared Risk	\$ 74,316	\$ 2.84	\$ 74,572	\$ 2.85	\$ 256	\$ 0.01
\$ 7,013	\$ 2.85	\$ 7,149	\$ 2.93	\$ 136	\$ 0.08	Medical Administrative Expenses	\$ 76,110	\$ 2.90	\$ 77,478	\$ 2.96	\$ 1,368	\$ 0.06
\$ 767,600	\$ 311.47	\$ 746,360	\$ 305.52	\$ (21,240)	\$ (5.94)	Total Healthcare Expenses	\$ 7,938,706	\$ 302.99	\$ 7,917,609	\$ 302.54	\$ (21,098)	\$ (0.44)
95.9%		94.2%		-1.7%		MCR(%)	93.7%		93.6%		0.0%	
\$ 32,636	\$ 13.24	\$ 45,899	\$ 18.79	\$ (13,264)	\$ (5.55)	Operating Margin	\$ 537,672	\$ 20.52	\$ 538,417	\$ 20.57	\$ (745)	\$ (0.05)
\$ 36,230	\$ 14.70	\$ 39,346	\$ 16.11	\$ 3,116	\$ 1.41	Total Operating Expenses	\$ 405,150	\$ 15.46	\$ 409,623	\$ 15.65	\$ 4,473	\$ 0.19
4.5%		5.0%		0.4%		Admin Ratio(%)	4.8%		4.8%		0.1%	
\$ (3,594)	\$ (1.46)	\$ 6,553	\$ 2.68	\$ (10,148)	\$ (4.14)	Income (Loss) from Operations	\$ 132,522	\$ 5.06	\$ 128,794	\$ 4.92	\$ 3,728	\$ 0.14
\$ (4,456)	\$ (1.81)	\$ (2,824)	\$ (1.16)	\$ (1,631)	\$ (0.65)	Other Income/(Expense), net	\$ (26,041)	\$ (0.99)	\$ (22,906)	\$ (0.88)	\$ (3,135)	\$ (0.12)
\$ 817	\$ 0.33	\$ 839	\$ 0.34	\$ (22)	\$ (0.01)	Interest Income, net	\$ 10,498	\$ 0.40	\$ 10,473	\$ 0.40	\$ 25	\$ 0.00
\$ 166	\$ 0.07	\$ -	\$ -	\$ 166	\$ 0.07	Realized Gain / Loss	\$ 1,932	\$ 0.07	\$ 1,751	\$ 0.07	\$ 181	\$ 0.01
\$ (1,225)	\$ (0.50)	\$ -	\$ -	\$ (1,225)	\$ (0.50)	Unrealized Gain / Loss	\$ (8,257)	\$ (0.32)	\$ (7,574)	\$ (0.29)	\$ (682)	\$ (0.03)
\$ (4,698)	\$ (1.91)	\$ (1,986)	\$ (0.81)	\$ (2,712)	\$ (1.09)	Total Non-Operating Income (Expense)	\$ (21,869)	\$ (0.83)	\$ (18,256)	\$ (0.70)	\$ (3,612)	\$ (0.14)
\$ (8,292)	\$ (3.36)	\$ 4,568	\$ 1.87	\$ (12,860)	\$ (5.23)	Net Surplus (Deficit)	\$ 110,654	\$ 4.22	\$ 110,538	\$ 4.22	\$ 116	\$ (0.00)
-1.0%		0.6%		-1.6%		Margin(%)	1.3%		1.3%		0.0%	



MediCal Plan Partners Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
1,059,997		1,055,775		4,222	
\$ 282,007	\$ 266.05	\$ 277,539	\$ 262.88	\$ 4,468	\$ 3.17
\$ 282,007	\$ 266.05	\$ 277,539	\$ 262.88	\$ 4,468	\$ 3.17
\$ 267,329	\$ 252.20	\$ 262,604	\$ 248.73	\$ (4,725)	\$ (3.47)
\$ (48)	\$ (0.04)	\$ -	\$ -	\$ 48	\$ 0.04
\$ (11)	\$ (0.01)	\$ -	\$ -	\$ 11	\$ 0.01
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2,508	\$ 2.37	\$ 2,435	\$ 2.31	\$ (72)	\$ (0.06)
\$ 1,078	\$ 1.02	\$ 1,171	\$ 1.11	\$ 93	\$ 0.09
\$ 270,856	\$ 255.53	\$ 266,211	\$ 252.15	\$ (4,645)	\$ (3.38)
96.0%		95.9%		-0.1%	
\$ 11,151	\$ 10.52	\$ 11,328	\$ 10.73	\$ (177)	\$ (0.21)
\$ 5,826	\$ 5.50	\$ 6,120	\$ 5.80	\$ 293	\$ 0.30
2.1%		2.2%		0.1%	
\$ 5,325	\$ 5.02	\$ 5,209	\$ 4.93	\$ 116	\$ 0.09
\$ 105	\$ 0.10	\$ 551	\$ 0.52	\$ (446)	\$ (0.42)
\$ 5,430	\$ 5.12	\$ 5,760	\$ 5.46	\$ (329)	\$ (0.33)
1.9%		2.1%		-0.1%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	11,381,039		11,374,814		6,225	
Revenue						
Capitation	\$ 3,004,215	\$ 263.97	\$ 2,988,939	\$ 262.77	\$ 15,275	\$ 1.20
Total Revenues	\$ 3,004,215	\$ 263.97	\$ 2,988,939	\$ 262.77	\$ 15,275	\$ 1.20
Healthcare Expenses						
Capitation	\$ 2,846,699	\$ 250.13	\$ 2,831,515	\$ 248.93	\$ (15,184)	\$ (1.20)
Inpatient Claims	\$ 95	\$ 0.01	\$ 135	\$ 0.01	\$ 40	\$ 0.00
Outpatient Claims	\$ 6	\$ 0.00	\$ 14	\$ 0.00	\$ 8	\$ 0.00
Skilled Nursing Facility	\$ 4	\$ 0.00	\$ -	\$ -	\$ (4)	\$ (0.00)
Provider Incentives and Shared Risk	\$ 27,024	\$ 2.37	\$ 26,875	\$ 2.36	\$ (149)	\$ (0.01)
Medical Administrative Expenses	\$ 12,473	\$ 1.10	\$ 12,753	\$ 1.12	\$ 280	\$ 0.03
Total Healthcare Expenses	\$ 2,886,301	\$ 253.61	\$ 2,871,292	\$ 252.43	\$ (15,009)	\$ (1.18)
<i>MCR(%)</i>	96.1%		96.1%		0.0%	
Operating Margin	\$ 117,914	\$ 10.36	\$ 117,648	\$ 10.34	\$ 266	\$ 0.02
Total Operating Expenses	\$ 64,375	\$ 5.66	\$ 64,809	\$ 5.70	\$ 434	\$ 0.04
<i>Admin Ratio(%)</i>	2.1%		2.2%		0.0%	
Income (Loss) from Operations	\$ 53,538	\$ 4.70	\$ 52,838	\$ 4.65	\$ 700	\$ 0.06
Total Non-Operating Income (Expense)	\$ 6,643	\$ 0.58	\$ 6,822	\$ 0.60	\$ (179)	\$ (0.02)
Net Surplus (Deficit)	\$ 60,181	\$ 5.29	\$ 59,660	\$ 5.24	\$ 521	\$ 0.04
<i>Margin(%)</i>	2.0%		2.0%		0.0%	



SPD-CCI Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
249,130		233,744		15,386							
Membership						Member Months					
						2,550,002		2,534,944		15,058	
Revenue						Revenue					
\$ 194,003	\$ 778.72	\$ 191,953	\$ 821.21	\$ 2,050	\$ (42.49)	\$ 2,047,319	\$ 802.87	\$ 2,047,647	\$ 807.77	\$ (328)	\$ (4.90)
\$ 194,003	\$ 778.72	\$ 191,953	\$ 821.21	\$ 2,050	\$ (42.49)	\$ 2,047,319	\$ 802.87	\$ 2,047,647	\$ 807.77	\$ (328)	\$ (4.90)
Healthcare Expenses						Healthcare Expenses					
\$ 20,604	\$ 82.70	\$ 19,608	\$ 83.89	\$ (996)	\$ 1.18	\$ 203,352	\$ 79.75	\$ 202,784	\$ 80.00	\$ (568)	\$ 0.25
\$ 33,149	\$ 133.06	\$ 34,640	\$ 148.20	\$ 1,491	\$ 15.14	\$ 416,620	\$ 163.38	\$ 415,614	\$ 163.95	\$ (1,006)	\$ 0.57
\$ 34,513	\$ 138.54	\$ 42,173	\$ 180.42	\$ 7,659	\$ 41.89	\$ 428,995	\$ 168.23	\$ 441,450	\$ 174.15	\$ 12,456	\$ 5.91
\$ 67,607	\$ 271.37	\$ 58,345	\$ 249.61	\$ (9,263)	\$ (21.76)	\$ 646,213	\$ 253.42	\$ 633,809	\$ 250.03	\$ (12,404)	\$ (3.39)
\$ 19,966	\$ 80.14	\$ 17,897	\$ 76.57	\$ (2,069)	\$ (3.58)	\$ 194,612	\$ 76.32	\$ 194,257	\$ 76.63	\$ (356)	\$ 0.31
\$ 4,493	\$ 18.03	\$ 2,147	\$ 9.19	\$ (2,345)	\$ (8.85)	\$ 7,228	\$ 2.83	\$ 4,132	\$ 1.63	\$ (3,096)	\$ (1.20)
\$ 2,313	\$ 9.28	\$ 2,371	\$ 10.14	\$ 58	\$ 0.86	\$ 24,023	\$ 9.42	\$ 24,669	\$ 9.73	\$ 646	\$ 0.31
\$ 182,644	\$ 733.13	\$ 177,180	\$ 758.01	\$ (5,464)	\$ 24.88	\$ 1,921,043	\$ 753.35	\$ 1,916,716	\$ 756.12	\$ (4,327)	\$ 2.77
94.1%		92.3%		-1.8%		93.8%		93.6%		-0.2%	
\$ 11,359	\$ 45.59	\$ 14,772	\$ 63.20	\$ (3,413)	\$ (17.60)	\$ 126,275	\$ 49.52	\$ 130,931	\$ 51.65	\$ (4,655)	\$ (2.13)
\$ 14,603	\$ 58.62	\$ 13,914	\$ 59.53	\$ (689)	\$ 0.91	\$ 135,794	\$ 53.25	\$ 137,193	\$ 54.12	\$ 1,398	\$ 0.87
7.5%		7.2%		-0.3%		6.6%		6.7%		0.1%	
\$ (3,245)	\$ (13.02)	\$ 858	\$ 3.67	\$ (4,103)	\$ (16.69)	\$ (9,519)	\$ (3.73)	\$ (6,262)	\$ (2.47)	\$ (3,257)	\$ (1.26)
\$ 100	\$ 0.40	\$ 263	\$ 1.13	\$ (164)	\$ (0.73)	\$ 3,036	\$ 1.19	\$ 3,016	\$ 1.19	\$ 19	\$ 0.00
\$ (3,145)	\$ (12.62)	\$ 1,122	\$ 4.80	\$ (4,267)	\$ (17.42)	\$ (6,483)	\$ (2.54)	\$ (3,246)	\$ (1.28)	\$ (3,238)	\$ (1.26)
-1.6%		0.6%		-2.2%		-0.3%		-0.2%		-0.2%	
Operating Margin						Operating Margin					
Total Operating Expenses						Total Operating Expenses					
Admin Ratio(%)						Admin Ratio(%)					
Income (Loss) from Operations						Income (Loss) from Operations					
Total Non-Operating Income (Expense)						Total Non-Operating Income (Expense)					
Net Surplus (Deficit)						Net Surplus (Deficit)					
Margin(%)						Margin(%)					



TANF-MCE Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
984,415		987,923		(3,508)							
						Membership					
						Member Months	10,503,234		10,501,566		1,668
						Revenue					
\$ 246,929	\$ 250.84	\$ 246,519	\$ 249.53	\$ 410	\$ 1.31	Capitation	\$ 2,602,357	\$ 247.77	\$ 2,599,284	\$ 247.51	\$ 3,074 \$ 0.25
\$ 246,929	\$ 250.84	\$ 246,519	\$ 249.53	\$ 410	\$ 1.31	Total Revenues	\$ 2,602,357	\$ 247.77	\$ 2,599,284	\$ 247.51	\$ 3,074 \$ 0.25
						Healthcare Expenses					
\$ 102,505	\$ 104.13	\$ 105,740	\$ 107.03	\$ 3,236	\$ 2.91	Capitation	\$ 1,089,351	\$ 103.72	\$ 1,093,267	\$ 104.11	\$ 3,915 \$ 0.39
\$ 59,887	\$ 60.83	\$ 48,388	\$ 48.98	\$ (11,499)	\$ (11.86)	Inpatient Claims	\$ 515,277	\$ 49.06	\$ 502,112	\$ 47.81	\$ (13,165) \$ (1.25)
\$ 24,784	\$ 25.18	\$ 31,816	\$ 32.21	\$ 7,032	\$ 7.03	Outpatient Claims	\$ 293,182	\$ 27.91	\$ 308,639	\$ 29.39	\$ 15,457 \$ 1.48
\$ 9,359	\$ 9.51	\$ 8,137	\$ 8.24	\$ (1,221)	\$ (1.27)	Skilled Nursing Facility	\$ 96,158	\$ 9.16	\$ 92,769	\$ 8.83	\$ (3,389) \$ (0.32)
\$ 41,733	\$ 42.39	\$ 36,967	\$ 37.42	\$ (4,766)	\$ (4.97)	Pharmacy	\$ 388,919	\$ 37.03	\$ 387,152	\$ 36.87	\$ (1,767) \$ (0.16)
\$ 1,967	\$ 2.00	\$ 2,415	\$ 2.44	\$ 448	\$ 0.45	Provider Incentives and Shared Risk	\$ 20,244	\$ 1.93	\$ 21,128	\$ 2.01	\$ 884 \$ 0.08
\$ 3,364	\$ 3.42	\$ 3,251	\$ 3.29	\$ (114)	\$ (0.13)	Medical Administrative Expenses	\$ 36,155	\$ 3.44	\$ 36,497	\$ 3.48	\$ 342 \$ 0.03
\$ 243,598	\$ 247.45	\$ 236,714	\$ 239.61	\$ (6,884)	\$ (7.85)	Total Healthcare Expenses	\$ 2,439,287	\$ 232.24	\$ 2,441,564	\$ 232.50	\$ 2,277 \$ 0.25
98.7%		96.0%		-2.6%		MCR(%)	93.7%		93.9%		0.2%
\$ 3,331	\$ 3.38	\$ 9,805	\$ 9.92	\$ (6,474)	\$ (6.54)	Operating Margin	\$ 163,071	\$ 15.53	\$ 157,720	\$ 15.02	\$ 5,351 \$ 0.51
\$ 10,124	\$ 10.28	\$ 13,224	\$ 13.39	\$ 3,100	\$ 3.10	Total Operating Expenses	\$ 141,630	\$ 13.48	\$ 143,682	\$ 13.68	\$ 2,052 \$ 0.20
4.1%		5.4%		1.3%		Admin Ratio(%)	5.4%		5.5%		0.1%
\$ (6,793)	\$ (6.90)	\$ (3,420)	\$ (3.46)	\$ (3,374)	\$ (3.44)	Income (Loss) from Operations	\$ 21,441	\$ 2.04	\$ 14,038	\$ 1.34	\$ 7,403 \$ 0.70
\$ 34	\$ 0.03	\$ 401	\$ 0.41	\$ (368)	\$ (0.37)	Total Non-Operating Income (Expense)	\$ 5,130	\$ 0.49	\$ 5,355	\$ 0.51	\$ (225) \$ (0.02)
\$ (6,760)	\$ (6.87)	\$ (3,018)	\$ (3.06)	\$ (3,742)	\$ (3.81)	Net Surplus (Deficit)	\$ 26,571	\$ 2.53	\$ 19,394	\$ 1.85	\$ 7,178 \$ 0.68
-2.7%		-1.2%		-1.5%		Margin(%)	1.0%		0.7%		0.3%



CMC Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
18,749		19,115		(366)						(616)	
\$ 25,547	\$ 1,362.57	\$ 26,248	\$ 1,373.17	\$ (701)	\$ (10.60)						
\$ 25,547	\$ 1,362.57	\$ 26,248	\$ 1,373.17	\$ (701)	\$ (10.60)						
\$ 11,602	\$ 618.81	\$ 11,733	\$ 613.80	\$ 131	\$ (5.02)						
\$ 6,651	\$ 354.75	\$ 6,659	\$ 348.36	\$ 8	\$ (6.39)						
\$ 3,028	\$ 161.50	\$ 2,638	\$ 138.01	\$ (390)	\$ (23.49)						
\$ 3,471	\$ 185.11	\$ 1,400	\$ 73.24	\$ (2,071)	\$ (111.87)						
\$ 2,442	\$ 130.26	\$ 1,312	\$ 68.62	\$ (1,130)	\$ (61.63)						
\$ 1,294	\$ 69.03	\$ 2,159	\$ 112.96	\$ 865	\$ 43.93						
\$ 160	\$ 8.53	\$ 236	\$ 12.37	\$ 77	\$ 3.84						
\$ 28,648	\$ 1,527.99	\$ 26,137	\$ 1,367.37	\$ (2,511)	\$ (160.62)						
112.1%		99.6%		-12.6%							
\$ (3,101)	\$ (165.42)	\$ 111	\$ 5.80	\$ (3,212)	\$ (171.22)						
\$ 1,442	\$ 76.90	\$ 1,571	\$ 82.18	\$ 129	\$ 5.28						
5.6%		6.0%		0.3%							
\$ (4,543)	\$ (242.32)	\$ (1,460)	\$ (76.38)	\$ (3,083)	\$ (165.95)						
\$ 2	\$ 0.09	\$ 7	\$ 0.39	\$ (6)	\$ (0.30)						
\$ (4,542)	\$ (242.24)	\$ (1,453)	\$ (75.99)	\$ (3,089)	\$ (166.25)						
-17.8%		-5.5%		-12.2%							
Membership											
Member Months						204,534		205,150		(616)	
Revenue											
Capitation						\$ 286,880 \$ 1,402.61		\$ 288,164 \$ 1,404.65		\$ (1,284) \$ (2.05)	
Total Revenues						\$ 286,880 \$ 1,402.61		\$ 288,164 \$ 1,404.65		\$ (1,284) \$ (2.05)	
Healthcare Expenses											
Capitation						\$ 124,193 \$ 607.20		\$ 124,537 \$ 607.05		\$ 344 \$ (0.15)	
Inpatient Claims						\$ 56,448 \$ 275.98		\$ 56,917 \$ 277.44		\$ 468 \$ 1.45	
Outpatient Claims						\$ 29,023 \$ 141.90		\$ 27,480 \$ 133.95		\$ (1,543) \$ (7.95)	
Skilled Nursing Facility						\$ 21,982 \$ 107.47		\$ 19,145 \$ 93.32		\$ (2,837) \$ (14.15)	
Pharmacy						\$ 17,415 \$ 85.15		\$ 14,769 \$ 71.99		\$ (2,647) \$ (13.16)	
Provider Incentives and Shared Risk						\$ 9,226 \$ 45.11		\$ 11,469 \$ 55.91		\$ 2,243 \$ 10.80	
Medical Administrative Expenses						\$ 2,390 \$ 11.68		\$ 2,444 \$ 11.91		\$ 55 \$ 0.23	
Total Healthcare Expenses						\$ 260,678 \$ 1,274.50		\$ 256,760 \$ 1,251.57		\$ (3,918) \$ (22.92)	
<i>MCR(%)</i>						90.9%		89.1%		-1.8%	
Operating Margin						\$ 26,202 \$ 128.11		\$ 31,404 \$ 153.08		\$ (5,202) \$ (24.97)	
Total Operating Expenses						\$ 17,445 \$ 85.29		\$ 17,490 \$ 85.25		\$ 45 \$ (0.04)	
<i>Admin Ratio(%)</i>						6.1%		6.1%		0.0%	
Income (Loss) from Operations						\$ 8,758 \$ 42.82		\$ 13,914 \$ 67.82		\$ (5,156) \$ (25.01)	
Total Non-Operating Income (Expense)						\$ 92 \$ 0.45		\$ 94 \$ 0.46		\$ (2) \$ (0.01)	
Net Surplus (Deficit)						\$ 8,850 \$ 43.27		\$ 14,008 \$ 68.28		\$ (5,158) \$ (25.01)	
<i>Margin(%)</i>						3.1%		4.9%		-1.8%	



Commercial Income Statement (\$ in thousands)

August 2021

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
152,183		146,329		5,854	
\$ 51,749	\$ 340.05	\$ 50,001	\$ 341.70	\$ 1,749	\$ (1.65)
\$ 51,749	\$ 340.05	\$ 50,001	\$ 341.70	\$ 1,749	\$ (1.65)
\$ 20,339	\$ 133.65	\$ 20,233	\$ 138.27	\$ (106)	\$ 4.62
\$ 8,075	\$ 53.06	\$ 8,353	\$ 57.08	\$ 277	\$ 4.02
\$ 3,850	\$ 25.30	\$ 4,026	\$ 27.51	\$ 176	\$ 2.22
\$ 111	\$ 0.73	\$ -	\$ -	\$ (111)	\$ (0.73)
\$ 9,736	\$ 63.97	\$ 7,426	\$ 50.75	\$ (2,310)	\$ (13.23)
\$ (356)	\$ (2.34)	\$ (40)	\$ (0.27)	\$ 316	\$ 2.07
\$ 98	\$ 0.64	\$ 120	\$ 0.82	\$ 22	\$ 0.17
\$ 41,853	\$ 275.02	\$ 40,118	\$ 274.16	\$ (1,736)	\$ (0.86)
80.9%		80.2%		-0.6%	
\$ 9,896	\$ 65.03	\$ 9,883	\$ 67.54	\$ 13	\$ (2.51)
\$ 4,090	\$ 26.87	\$ 4,309	\$ 29.45	\$ 220	\$ 2.58
7.9%		8.6%		0.7%	
\$ 5,806	\$ 38.15	\$ 5,573	\$ 38.09	\$ 233	\$ 0.07
\$ (95)	\$ (0.62)	\$ (95)	\$ (0.65)	\$ 0	\$ 0.03
\$ 5,712	\$ 37.53	\$ 5,479	\$ 37.44	\$ 233	\$ 0.09
11.0%		11.0%		0.1%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	1,562,558		1,553,652		8,906	
Revenue						
Capitation	\$ 535,607	\$ 342.78	\$ 531,991	\$ 342.41	\$ 3,616	\$ 0.36
Total Revenues	\$ 535,607	\$ 342.78	\$ 531,991	\$ 342.41	\$ 3,616	\$ 0.36
Healthcare Expenses						
Capitation	\$ 215,146	\$ 137.69	\$ 215,503	\$ 138.71	\$ 356	\$ 1.02
Inpatient Claims	\$ 75,140	\$ 48.09	\$ 76,217	\$ 49.06	\$ 1,077	\$ 0.97
Outpatient Claims	\$ 40,119	\$ 25.68	\$ 40,687	\$ 26.19	\$ 568	\$ 0.51
Skilled Nursing Facility	\$ 1,137	\$ 0.73	\$ 911	\$ 0.59	\$ (226)	\$ (0.14)
Pharmacy	\$ 88,193	\$ 56.44	\$ 85,877	\$ 55.27	\$ (2,316)	\$ (1.17)
Provider Incentives and Shared Risk	\$ 10,593	\$ 6.78	\$ 10,968	\$ 7.06	\$ 375	\$ 0.28
Medical Administrative Expenses	\$ 1,069	\$ 0.68	\$ 1,114	\$ 0.72	\$ 45	\$ 0.03
Total Healthcare Expenses	\$ 431,397	\$ 276.08	\$ 431,277	\$ 277.59	\$ (120)	\$ 1.51
MCR(%)	80.5%		81.1%		0.5%	
Operating Margin	\$ 104,210	\$ 66.69	\$ 100,715	\$ 64.82	\$ 3,496	\$ 1.87
Total Operating Expenses	\$ 44,223	\$ 28.30	\$ 44,750	\$ 28.80	\$ 528	\$ 0.50
Admin Ratio(%)	8.3%		8.4%		0.2%	
Income (Loss) from Operations	\$ 59,988	\$ 38.39	\$ 55,964	\$ 36.02	\$ 4,023	\$ 2.37
Total Non-Operating Income (Expense)	\$ (757)	\$ (0.48)	\$ (757)	\$ (0.49)	\$ 0	\$ 0.00
Net Surplus (Deficit)	\$ 59,231	\$ 37.91	\$ 55,208	\$ 35.53	\$ 4,023	\$ 2.37
Margin(%)	11.1%		10.4%		0.7%	



Comparative Balance Sheet

(Dollars in thousands)	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
ASSETS												
CURRENT ASSETS												
Total Current Assets	\$4,998,308	\$4,241,836	\$4,207,217	\$4,181,392	\$4,809,535	\$4,330,863	\$5,190,573	\$4,329,113	\$5,008,584	\$4,417,086	\$4,476,248	\$4,406,866
Capitalized Assets - net	\$106,386	\$106,066	\$106,179	\$105,925	\$106,571	\$106,748	\$106,854	\$106,981	\$108,499	\$108,480	\$108,396	\$106,100
NONCURRENT ASSETS	\$4,542	\$4,385	\$4,249	\$4,114	\$3,978	\$3,843	\$3,707	\$3,572	\$3,587	\$3,451	\$3,525	\$3,637
TOTAL ASSETS	\$5,109,236	\$4,352,287	\$4,317,645	\$4,291,430	\$4,920,085	\$4,441,454	\$5,301,134	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169	\$4,516,602
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	\$4,189,202	\$3,441,433	\$3,412,807	\$3,385,813	\$3,982,202	\$3,453,802	\$4,291,997	\$3,401,470	\$4,098,215	\$3,506,888	\$3,550,234	\$3,486,394
Long Term Liability	\$3,474	\$3,385	\$3,441	\$3,296	\$3,177	\$3,078	\$2,998	\$2,890	\$2,666	\$2,520	\$2,429	\$2,994
Total Liabilities	\$4,192,676	\$3,444,817	\$3,416,248	\$3,389,109	\$3,985,380	\$3,456,879	\$4,294,995	\$3,404,360	\$4,100,881	\$3,509,407	\$3,552,663	\$3,489,388
FUND EQUITY												
Invested in Capital Assets, net of related debt	\$106,386	\$106,066	\$106,179	\$105,925	\$106,571	\$106,748	\$106,854	\$106,981	\$108,499	\$108,480	\$108,396	\$106,100
Restricted Equity	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$300	\$450	\$450	\$450	\$450
Minimum Tangible Net Equity	\$192,597	\$193,021	\$194,442	\$196,418	\$198,522	\$198,522	\$201,033	\$204,021	\$204,783	\$202,695	\$202,973	\$204,075
Board Designated Funds	\$74,752	\$72,431	\$99,641	\$96,946	\$95,648	\$94,811	\$117,246	\$107,345	\$106,234	\$101,558	\$97,416	\$93,180
Unrestricted Net Assets	\$542,525	\$535,652	\$500,835	\$502,733	\$533,663	\$584,193	\$580,706	\$616,659	\$599,822	\$606,426	\$626,271	\$623,409
Total Fund Equity	\$916,560	\$907,470	\$901,397	\$902,321	\$934,705	\$984,575	\$1,006,139	\$1,035,306	\$1,019,789	\$1,019,609	\$1,035,506	\$1,027,214
TOTAL LIABILITIES AND FUND EQUITY	\$5,109,236	\$4,352,287	\$4,317,645	\$4,291,430	\$4,920,085	\$4,441,454	\$5,301,134	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169	\$4,516,602
Solvency Ratios												
Working Capital Ratio	1.19	1.23	1.23	1.23	1.21	1.25	1.21	1.27	1.22	1.26	1.26	1.26
Cash to Claims Ratio	0.82	0.55	0.52	0.51	0.72	0.53	0.83	0.56	0.77	0.57	0.57	0.55
Tangible Net Equity Ratio	4.76	4.70	4.64	4.59	4.71	4.96	5.00	5.07	4.98	5.03	5.10	5.03



Cash Flows Statement (\$ in thousands)

August 2021

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	YTD
Cash Flows from Operating Activities:												
Capitation Revenue	\$ 733,660	\$ 660,475	\$ 725,317	\$ 820,712	\$ 672,640	\$ 870,447	\$ 819,682	\$ 739,949	\$ 785,543	\$ 821,845	\$ 756,440	\$ 8,406,710
Other Income (Expense), net	\$ 8,578	\$ 229	\$ (1,303)	\$ 84	\$ (134)	\$ (1,043)	\$ (14,237)	\$ (823)	\$ (2,459)	\$ (4,407)	\$ (5,061)	\$ (20,576)
Healthcare Expenses	\$ (653,134)	\$ (666,833)	\$ (692,179)	\$ (669,618)	\$ (657,134)	\$ (719,999)	\$ (765,164)	\$ (724,527)	\$ (706,757)	\$ (694,076)	\$ (832,912)	\$ (7,782,333)
Operating Expenses	\$ (40,394)	\$ (31,516)	\$ (46,394)	\$ (30,344)	\$ (32,090)	\$ (29,565)	\$ (38,339)	\$ (30,900)	\$ (32,052)	\$ (35,886)	\$ (33,004)	\$ (380,484)
Net Cash Provided By Operating Activities	\$ 48,710	\$ (37,645)	\$ (14,559)	\$ 120,834	\$ (16,718)	\$ 119,840	\$ 1,942	\$ (16,301)	\$ 44,275	\$ 87,476	\$ (114,537)	\$ 223,317
Cash Flows from Investing Activities												
Purchase of investments - Net	\$ (39,775)	\$ 183,866	\$ (32,271)	\$ 25,040	\$ 38,635	\$ 373,890	\$ (401,184)	\$ 22,840	\$ (5,159)	\$ (44,234)	\$ 13,306	\$ 134,954
Purchase of Capital Assets	\$ (2,115)	\$ (2,545)	\$ (2,268)	\$ (3,109)	\$ (2,716)	\$ (2,761)	\$ (2,929)	\$ (4,197)	\$ (2,842)	\$ (2,710)	\$ (550)	\$ (28,742)
Net Cash Provided By Investing Activities	\$ (41,890)	\$ 181,321	\$ (34,539)	\$ 21,931	\$ 35,919	\$ 371,129	\$ (404,113)	\$ 18,643	\$ (8,001)	\$ (46,944)	\$ 12,756	\$ 106,212
Cash Flows from Financing Activities:												
Gross Premium Tax (MCO Sales Tax) - Net	\$ (21)	\$ (16,034)	\$ (26,731)	\$ 24,849	\$ 13,253	\$ 15,394	\$ (23,854)	\$ 13,856	\$ 14,458	\$ (23,575)	\$ 14,072	\$ 5,667
Pass through transactions (AB 85, IGT, etc.)	\$ (850,679)	\$ 8,822	\$ 8,765	\$ 551,296	\$ (568,538)	\$ 463,260	\$ (506,673)	\$ 666,364	\$ (665,000)	\$ 123	\$ 125	\$ (892,135)
Net Cash Provided By Financing Activities	\$ (850,700)	\$ (7,212)	\$ (17,966)	\$ 576,145	\$ (555,285)	\$ 478,654	\$ (530,527)	\$ 680,220	\$ (650,542)	\$ (23,452)	\$ 14,197	\$ (886,468)
Net Increase in Cash and Cash Equivalents	\$ (843,880)	\$ 136,464	\$ (67,064)	\$ 718,910	\$ (536,084)	\$ 969,623	\$ (932,698)	\$ 682,562	\$ (614,268)	\$ 17,080	\$ (87,584)	\$ (556,939)
Cash and Cash Equivalents, Beginning	\$ 1,144,914	\$ 301,034	\$ 437,498	\$ 370,434	\$ 1,089,344	\$ 553,260	\$ 1,522,883	\$ 590,185	\$ 1,272,747	\$ 658,479	\$ 675,559	\$ 1,144,914
Cash and Cash Equivalents, Ending	\$ 301,034	\$ 437,498	\$ 370,434	\$ 1,089,344	\$ 553,260	\$ 1,522,883	\$ 590,185	\$ 1,272,747	\$ 658,479	\$ 675,559	\$ 587,975	\$ 587,975
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:												
Excess of Revenues over Expenses	\$ (9,090)	\$ (6,073)	\$ 924	\$ 32,384	\$ 49,869	\$ 21,565	\$ 29,167	\$ (15,517)	\$ (180)	\$ 15,896	\$ (8,292)	\$ 110,653
Adjustments to Excess of Revenues Over Expenses:												
Depreciation	\$ 2,435	\$ 2,432	\$ 2,522	\$ 2,463	\$ 2,539	\$ 2,655	\$ 2,803	\$ 2,678	\$ 2,861	\$ 2,794	\$ 2,847	\$ 29,029
Realized and Unrealized (Gain)/Loss on Investments	\$ 1,031	\$ 11	\$ 31	\$ 569	\$ 2,188	\$ 1,650	\$ (692)	\$ (609)	\$ 1,644	\$ (557)	\$ 1,059	\$ 6,325
Deferred Rent	\$ (90)	\$ 56	\$ (145)	\$ (119)	\$ (99)	\$ (79)	\$ (108)	\$ (224)	\$ (146)	\$ (90)	\$ 564	\$ (480)
Gross Premium Tax provision	\$ 501	\$ 368	\$ 328	\$ (1,232)	\$ (2,842)	\$ (1,334)	\$ (1,440)	\$ (1,556)	\$ (2,095)	\$ (280)	\$ (388)	\$ (9,970)
Total Adjustments to Excess of Revenues over Expenses	\$ 3,877	\$ 2,867	\$ 2,736	\$ 1,681	\$ 1,786	\$ 2,892	\$ 563	\$ 289	\$ 2,264	\$ 1,867	\$ 4,082	\$ 24,904
Changes in Operating Assets and Liabilities:												
Capitation Receivable	\$ (21,495)	\$ (43,146)	\$ (5,090)	\$ 55,489	\$ (77,042)	\$ 87,038	\$ (12,268)	\$ (4,012)	\$ (26,331)	\$ (4,413)	\$ (18,786)	\$ (70,056)
Interest and Non-Operating Receivables	\$ 75	\$ 1,244	\$ (329)	\$ 96	\$ 20	\$ 255	\$ 148	\$ (39)	\$ 185	\$ 2	\$ (20)	\$ 1,637
Prepaid and Other Current Assets	\$ (2,504)	\$ 5,666	\$ (1,815)	\$ 213	\$ (20,181)	\$ (4,217)	\$ (7,096)	\$ (13,608)	\$ 10,043	\$ 626	\$ (8,105)	\$ (40,978)
Accounts Payable and Accrued Liabilities	\$ (4,181)	\$ 519	\$ (8,306)	\$ 1,923	\$ (2,432)	\$ 4,351	\$ (3,554)	\$ 2,955	\$ 3,631	\$ 1,190	\$ (312)	\$ (4,216)
Subcapitation Payable	\$ 25,915	\$ 28,318	\$ (533)	\$ (5,044)	\$ 55,745	\$ 16,701	\$ (53,397)	\$ 35,383	\$ 29,760	\$ 39,650	\$ (55,280)	\$ 117,218
MediCal Adult Expansion Payable	\$ (824)	\$ 771	\$ (41)	\$ 4,583	\$ (15)	\$ 2	\$ (32)	\$ (29)	\$ (29)	\$ (28)	\$ (1,580)	\$ 2,778
Deferred Capitation Revenue	\$ 26,137	\$ (27,093)	\$ (188)	\$ 1,873	\$ (32,459)	\$ 1,231	\$ 57,102	\$ (25,265)	\$ (297)	\$ 24,356	\$ (25,008)	\$ 389
Accrued Medical Expenses	\$ (4,760)	\$ (233)	\$ 1,166	\$ 82	\$ (1,621)	\$ 16,562	\$ 3,836	\$ (17,795)	\$ 10,251	\$ 5,820	\$ 7,152	\$ 20,460
Reserve for Claims	\$ 30,835	\$ 11,611	\$ 4,913	\$ 25,601	\$ 12,534	\$ (32,359)	\$ (7,755)	\$ 5,919	\$ 4,305	\$ (1,838)	\$ (11,623)	\$ 42,143
Reserve for Provider Incentives	\$ 3,990	\$ (11,696)	\$ (8,819)	\$ 1,608	\$ (2,984)	\$ (918)	\$ 4	\$ 15,643	\$ 8,981	\$ 5,034	\$ 4,250	\$ 15,093
Grants Payable	\$ 735	\$ (400)	\$ 823	\$ 345	\$ 62	\$ 6,737	\$ (4,776)	\$ (225)	\$ 1,692	\$ (686)	\$ (1,015)	\$ 3,292
Net Changes in Operating Assets and Liabilities	\$ 53,923	\$ (34,439)	\$ (18,219)	\$ 86,769	\$ (68,373)	\$ 95,383	\$ (27,788)	\$ (1,073)	\$ 42,191	\$ 69,713	\$ (110,327)	\$ 87,760
Net Cash Provided By Operating Activities	\$ 48,710	\$ (37,645)	\$ (14,559)	\$ 120,834	\$ (16,718)	\$ 119,840	\$ 1,942	\$ (16,301)	\$ 44,275	\$ 87,476	\$ (114,537)	\$ 223,317



DATE: September 27, 2021
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for July 2021

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from July 1 to July 31, 2021.

L.A. Care's investment market value as of July 31, 2021, was \$1.7 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$73 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$253 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of July 31, 2021, of \$1.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/08/21	07/09/21	Buy	2,100,000.000	BANCO SANTANDER YCD MAT 12/03/21 Cpn 0.18 05966DB84	(2,100,252.00)	(388.50)	0.00	0.00	(2,100,640.50)
07/07/21	07/09/21	Buy	4,460,000.000	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	(4,547,980.47)	(5,827.73)	0.00	0.00	(4,553,808.20)
07/07/21	07/09/21	Buy	2,420,000.000	SWEDBANK NY YCD 3ML FRN MAT 03/03/22 Cpn 0.15 87019VT56	(2,420,287.08)	(371.47)	0.00	0.00	(2,420,658.55)
07/02/21	07/15/21	Buy	1,155,000.000	CA REDONDO BEACH FIN AUTH LE MAT 05/01/23 Cpn 0.42 757696AP4	(1,155,000.00)		0.00	0.00	(1,155,000.00)
07/16/21	07/16/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 07/22/21 Cpn 912796C49	(19,999,888.33)		0.00	0.00	(19,999,888.33)
07/16/21	07/16/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn 912796D55	(9,999,515.97)		0.00	0.00	(9,999,515.97)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn 912796D55	(49,997,579.86)		0.00	0.00	(49,997,579.86)
07/16/21	07/16/21	Buy	1,000,000.000	U.S. TREASURY BILL MAT 07/20/21 Cpn 912796J26	(999,996.00)		0.00	0.00	(999,996.00)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/20/21 Cpn 912796J26	(49,999,800.00)		0.00	0.00	(49,999,800.00)
07/16/21	07/16/21	Buy	37,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn 912796K24	(36,998,720.62)		0.00	0.00	(36,998,720.62)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn 912796K24	(49,998,271.11)		0.00	0.00	(49,998,271.11)
07/16/21	07/16/21	Buy	25,000,000.000	U.S. TREASURY BILL MAT 08/19/21 Cpn 912796D48	(24,999,020.14)		0.00	0.00	(24,999,020.14)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/19/21 Cpn 912796D48	(49,998,040.28)		0.00	0.00	(49,998,040.28)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/16/21	07/16/21	Buy	5,000,000.000	U.S. TREASURY BILL MAT 09/14/21 Cpn 912796L31	(4,999,700.00)		0.00	0.00	(4,999,700.00)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/14/21 Cpn 912796L31	(49,997,000.00)		0.00	0.00	(49,997,000.00)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/02/21 Cpn 912796D63	(49,997,466.67)		0.00	0.00	(49,997,466.67)
07/16/21	07/16/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 09/07/21 Cpn 912796L23	(9,999,455.28)		0.00	0.00	(9,999,455.28)
07/16/21	07/16/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/07/21 Cpn 912796L23	(49,997,276.39)		0.00	0.00	(49,997,276.39)
07/14/21	07/16/21	Buy	7,500,000.000	CREDIT SUISSE NY YCD MAT 02/15/22 Cpn 0.24 22552G2M1	(7,502,662.49)	(7,150.00)	0.00	0.00	(7,509,812.49)
07/19/21	07/20/21	Buy	2,490,000.000	MIZUHO BANK YCD MAT 11/29/21 Cpn 0.12 60710RTS4	(2,489,825.70)	(182.60)	0.00	0.00	(2,490,008.30)
07/20/21	07/21/21	Buy	7,500,000.000	MITSUBISHI UFJ TRUST & BANK YC MAT 02/01/22 Cpn 0.16 60683BY80	(7,500,000.00)		0.00	0.00	(7,500,000.00)
07/16/21	08/05/21	Buy	700,000.000	CA SAN BERNARDINO CCD TXB MAT 08/01/22 Cpn 0.23 796720NX4	(700,000.00)		0.00	0.00	(700,000.00)
			<u>486,325,000.000</u>		<u>(486,397,738.39)</u>	<u>(13,920.30)</u>	<u>0.00</u>	<u>0.00</u>	<u>(486,411,658.69)</u>
07/01/21	07/01/21	Coupon		BANK OF MONTREAL YCD 1M BSB MAT 12/01/21 Cpn 0.19 06367CFR3		219.75	0.00	0.00	219.75
07/01/21	07/01/21	Coupon		CT STATE OF CONNETICUT GO/UL MAT 07/01/21 Cpn 3.00 20772KJT7		48,900.00	0.00	0.00	48,900.00
07/05/21	07/05/21	Coupon		FFCB 1ML+13 FRN MAT 11/05/21 Cpn 0.23 3133EK5T9		2,082.50	0.00	0.00	2,082.50

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/07/21	07/07/21	Coupon		CA LOS ANGELES METRO TRANS MAT 07/07/21 Cpn 0.09 54531HCE5		560.96	0.00	0.00	560.96
07/10/21	07/10/21	Coupon		CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30 14687TAB3		933.33	0.00	0.00	933.33
07/12/21	07/12/21	Coupon		SUMITOMO MITSUI BANK YCD FRN MAT 10/12/21 Cpn 0.50 86565B4S7		4,305.44	0.00	0.00	4,305.44
07/15/21	07/15/21	Coupon		CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4		4,249.06	0.00	0.00	4,249.06
07/15/21	07/15/21	Coupon		CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7		5,657.11	0.00	0.00	5,657.11
07/15/21	07/15/21	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		13,340.89	0.00	0.00	13,340.89
07/15/21	07/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		3,473.07	0.00	0.00	3,473.07
07/15/21	07/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		7,579.73	0.00	0.00	7,579.73
07/15/21	07/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		2,117.87	0.00	0.00	2,117.87
07/15/21	07/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		8,653.33	0.00	0.00	8,653.33
07/15/21	07/15/21	Coupon		HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4		1,665.66	0.00	0.00	1,665.66
07/15/21	07/15/21	Coupon		HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3		850.00	0.00	0.00	850.00
07/15/21	07/15/21	Coupon		HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9		412.08	0.00	0.00	412.08

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/15/21	07/15/21	Coupon		HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0		261.07	0.00	0.00	261.07
07/15/21	07/15/21	Coupon		INTER-AMERICAN DEVELOPMENT MAT 01/15/22 Cpn 0.13 45818WBA3		5,109.27	0.00	0.00	5,109.27
07/15/21	07/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		480.09	0.00	0.00	480.09
07/15/21	07/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		1,104.50	0.00	0.00	1,104.50
07/15/21	07/15/21	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		7,284.67	0.00	0.00	7,284.67
07/15/21	07/15/21	Coupon		MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		216.80	0.00	0.00	216.80
07/15/21	07/15/21	Coupon		MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		723.78	0.00	0.00	723.78
07/15/21	07/15/21	Coupon		MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4		1,320.49	0.00	0.00	1,320.49
07/15/21	07/15/21	Coupon		MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8		733.33	0.00	0.00	733.33
07/15/21	07/15/21	Coupon		MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6		763.00	0.00	0.00	763.00
07/15/21	07/15/21	Coupon		NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0		505.52	0.00	0.00	505.52
07/15/21	07/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		10,355.90	0.00	0.00	10,355.90
07/15/21	07/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		6,001.82	0.00	0.00	6,001.82

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/15/21	07/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		601.82	0.00	0.00	601.82
07/15/21	07/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		648.68	0.00	0.00	648.68
07/15/21	07/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		236.91	0.00	0.00	236.91
07/15/21	07/15/21	Coupon		TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7		1,152.72	0.00	0.00	1,152.72
07/15/21	07/15/21	Coupon		TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4		755.33	0.00	0.00	755.33
07/15/21	07/15/21	Coupon		WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6		783.33	0.00	0.00	783.33
07/16/21	07/16/21	Coupon		GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0		1,125.00	0.00	0.00	1,125.00
07/18/21	07/18/21	Coupon		HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9		5,757.76	0.00	0.00	5,757.76
07/18/21	07/18/21	Coupon		HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8		1,724.19	0.00	0.00	1,724.19
07/20/21	07/20/21	Coupon		FFCB FRN MAT 10/20/21 Cpn 0.09 3133ELW42		1,723.00	0.00	0.00	1,723.00
07/20/21	07/20/21	Coupon		FHLMC C 7/20/21 Q MAT 10/20/22 Cpn 0.32 3134GV6H6		9,600.00	0.00	0.00	9,600.00
07/20/21	07/20/21	Coupon		GMALT 2020-2 A2A LEASE MAT 10/20/22 Cpn 0.71 36259PAB2		2,332.42	0.00	0.00	2,332.42
07/20/21	07/20/21	Coupon		GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1		747.08	0.00	0.00	747.08

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/20/21	07/20/21	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		8,936.52	0.00	0.00	8,936.52
07/20/21	07/20/21	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		2,861.33	0.00	0.00	2,861.33
07/20/21	07/20/21	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		4,757.08	0.00	0.00	4,757.08
07/20/21	07/20/21	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		1,194.13	0.00	0.00	1,194.13
07/20/21	07/20/21	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		8,083.33	0.00	0.00	8,083.33
07/20/21	07/20/21	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		3,960.83	0.00	0.00	3,960.83
07/21/21	07/21/21	Coupon		HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3		2,189.37	0.00	0.00	2,189.37
07/23/21	07/23/21	Coupon		INTL FINANCE CORP FRN MAT 08/23/21 Cpn 0.22 45950VNE2		1,835.28	0.00	0.00	1,835.28
07/25/21	07/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		2,798.41	0.00	0.00	2,798.41
07/25/21	07/25/21	Coupon		BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7		198.55	0.00	0.00	198.55
07/25/21	07/25/21	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 0.44 3137FBAR7		744.52	0.00	0.00	744.52
07/25/21	07/25/21	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.46 3137FNAV2		1,235.17	0.00	0.00	1,235.17
07/25/21	07/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.44 3137FQXG3		1,329.88	0.00	0.00	1,329.88

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/25/21	07/25/21	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.32 3137FVNA6		1,206.63	0.00	0.00	1,206.63
07/01/21	07/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		12,739.12	0.00	0.00	12,739.12
07/25/21	07/25/21	Coupon		FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.45 3137FMTW		465.10	0.00	0.00	465.10
07/25/21	07/25/21	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.25 3137FYUR5		612.23	0.00	0.00	612.23
07/01/21	07/25/21	Coupon		FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7		2,360.38	0.00	0.00	2,360.38
07/26/21	07/26/21	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 0.43 3137FBUC8		389.95	0.00	0.00	389.95
07/31/21	07/31/21	Coupon		U.S. TREASURY FRN MAT 10/31/21 Cpn 0.35 912828YN4		21,159.89	0.00	0.00	21,159.89
						<u>246,106.96</u>	<u>0.00</u>	<u>0.00</u>	<u>246,106.96</u>
07/01/21	07/01/21	Income	362.960	STIF INT MAT Cpn USD		362.96	0.00	0.00	362.96
07/01/21	07/01/21	Income	54.340	ADJ NET INT MAT Cpn USD		54.34	0.00	0.00	54.34
			<u>417.300</u>			<u>417.30</u>	<u>0.00</u>	<u>0.00</u>	<u>417.30</u>

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/16/21	07/16/21	Contributn	450,000,000.000	NM MAT	Cpn USD	450,000,000.00		0.00	0.00	450,000,000.00
07/01/21	07/02/21	Sell Long	6,000,000.000	U.S. TREASURY BILL MAT 07/06/21	Cpn 912796H85	5,999,965.25	7.08	(26.00)	0.00	5,999,972.33
07/01/21	07/02/21	Sell Long	14,000,000.000	U.S. TREASURY BILL MAT 07/06/21	Cpn 912796H85	13,999,918.92	16.53	(60.66)	0.00	13,999,935.45
07/02/21	07/06/21	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 07/13/21	Cpn 912796H93	9,999,865.83	43.75	(75.84)	0.00	9,999,909.58
07/02/21	07/06/21	Sell Long	14,000,000.000	U.S. TREASURY BILL MAT 07/13/21	Cpn 912796H93	13,999,812.17	61.25	(106.16)	0.00	13,999,873.42
07/02/21	07/06/21	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 07/08/21	Cpn 912796B57	29,999,817.83	105.00	(67.17)	0.00	29,999,922.83
07/07/21	07/08/21	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 07/13/21	Cpn 912796H93	24,999,715.28	119.79	(138.89)	0.00	24,999,835.07
07/08/21	07/09/21	Sell Long	7,000,000.000	U.S. TREASURY BILL MAT 07/13/21	Cpn 912796H93	6,999,933.89	35.00	(25.28)	0.00	6,999,968.89
07/09/21	07/12/21	Sell Long	4,000,000.000	U.S. TREASURY BILL MAT 07/13/21	Cpn 912796H93	3,999,973.06	22.50	(3.61)	0.00	3,999,995.56
07/09/21	07/12/21	Sell Long	26,000,000.000	U.S. TREASURY BILL MAT 07/15/21	Cpn 9127963S6	25,999,753.65	146.25	(83.85)	0.00	25,999,899.90
07/13/21	07/14/21	Sell Long	18,000,000.000	U.S. TREASURY BILL MAT 07/20/21	Cpn 912796J26	17,999,827.50	60.00	(105.00)	0.00	17,999,887.50
07/13/21	07/14/21	Sell Long	18,000,000.000	U.S. TREASURY BILL MAT 07/20/21	Cpn 912796J26	17,999,800.50	87.00	(94.50)	0.00	17,999,887.50
07/13/21	07/14/21	Sell Long	4,000,000.000	U.S. TREASURY BILL MAT 07/15/21	Cpn 9127963S6	3,999,972.50	24.17	(2.50)	0.00	3,999,996.67

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07/13/21	07/14/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 07/15/21 Cpn 9127963S6		49,999,656.25	302.08	(31.25)	0.00	49,999,958.33
07/16/21	07/19/21	Sell Long	9,000,000.000	U.S. TREASURY BILL MAT 07/20/21 Cpn 912796J26		8,999,942.13	51.00	(5.37)	0.00	8,999,993.13
07/19/21	07/19/21	Sell Long	1,000,000.000	U.S. TREASURY BILL MAT 07/20/21 Cpn 912796J26		999,996.22	3.00	0.22	0.00	999,999.22
07/19/21	07/19/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 07/20/21 Cpn 912796J26		49,999,811.11	150.00	11.11	0.00	49,999,961.11
07/20/21	07/20/21	Call	6,000,000.000	FHLMC C 7/20/21 Q MAT 10/20/22 Cpn 0.32 3134GV6H6		6,000,000.00		0.00	0.00	6,000,000.00
07/20/21	07/21/21	Sell Long	3,000,000.000	U.S. TREASURY BILL MAT 07/22/21 Cpn 912796C49		2,999,993.92	4.00	(2.00)	0.00	2,999,997.92
07/23/21	07/26/21	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 07/27/21 Cpn 912796J34		29,998,855.25	1,109.33	(0.75)	0.00	29,999,964.58
07/28/21	07/29/21	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 08/03/21 Cpn 912796J83		9,999,546.67	420.00	26.67	0.00	9,999,966.67
07/30/21	08/02/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 08/03/21 Cpn 912796J83		19,999,076.89	912.00	36.89	0.00	19,999,988.89
07/30/21	08/02/21	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 08/05/21 Cpn 912796C64		4,999,753.13	237.50	15.63	0.00	4,999,990.63
			<u>360,000,000.000</u>			<u>359,994,987.95</u>	<u>3,917.23</u>	<u>(738.30)</u>	<u>0.00</u>	<u>359,998,905.18</u>
07/15/21	07/15/21	Pay Princpl	145,713.003	CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4		145,713.00		(2,197.41)	0.00	145,713.00
07/15/21	07/15/21	Pay Princpl	203,031.593	CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7		203,031.59		(3,107.33)	0.00	203,031.59

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07/15/21	07/15/21	Pay Princpl	475,088.239	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	475,088.24		(6,877.42)	0.00	475,088.24
07/15/21	07/15/21	Pay Princpl	580,052.112	HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4	580,052.11		(746.37)	0.00	580,052.11
07/15/21	07/15/21	Pay Princpl	171,195.266	HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0	171,195.27		0.00	(20.88)	171,195.27
07/15/21	07/15/21	Pay Princpl	193,892.993	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	193,892.99		4.56	0.00	193,892.99
07/15/21	07/15/21	Pay Princpl	446,072.837	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	446,072.84		(180.34)	0.00	446,072.84
07/15/21	07/15/21	Pay Princpl	142,945.690	MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8	142,945.69		0.00	0.61	142,945.69
07/15/21	07/15/21	Pay Princpl	477,216.094	MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8	477,216.09		(372.83)	0.00	477,216.09
07/15/21	07/15/21	Pay Princpl	706,184.064	MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4	706,184.06		32.65	0.00	706,184.06
07/15/21	07/15/21	Pay Princpl	395,592.642	MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6	395,592.64		0.00	2.70	395,592.64
07/15/21	07/15/21	Pay Princpl	337,010.419	NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0	337,010.42		0.00	1.95	337,010.42
07/15/21	07/15/21	Pay Princpl	405,595.591	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	405,595.59		(5,954.84)	0.00	405,595.59
07/15/21	07/15/21	Pay Princpl	331,620.459	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	331,620.46		(1,570.20)	0.00	331,620.46
07/15/21	07/15/21	Pay Princpl	33,252.735	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	33,252.74		(157.11)	0.00	33,252.74

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07/15/21	07/15/21	Pay Princpl	309,726.842	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	309,726.84		0.00	1.10	309,726.84
07/15/21	07/15/21	Pay Princpl	113,117.629	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	113,117.63		0.00	(43.91)	113,117.63
07/15/21	07/15/21	Pay Princpl	663,692.528	TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7	663,692.53		9.92	0.00	663,692.53
07/15/21	07/15/21	Pay Princpl	361,377.712	TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4	361,377.71		(24.96)	0.00	361,377.71
07/18/21	07/18/21	Pay Princpl	264,998.566	HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9	264,998.57		(3,123.79)	0.00	264,998.57
07/18/21	07/18/21	Pay Princpl	962,467.184	HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8	962,467.18		35.12	0.00	962,467.18
07/20/21	07/20/21	Pay Princpl	701,047.888	GMALT 2020-2 A2A LEASE MAT 10/20/22 Cpn 0.71 36259PAB2	701,047.89		(1,352.51)	0.00	701,047.89
07/20/21	07/20/21	Pay Princpl	494,790.713	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	494,790.71		(3,084.50)	0.00	494,790.71
07/20/21	07/20/21	Pay Princpl	158,423.815	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	158,423.82		(962.63)	0.00	158,423.82
07/20/21	07/20/21	Pay Princpl	266,652.787	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	266,652.79		(3,244.41)	0.00	266,652.79
07/20/21	07/20/21	Pay Princpl	66,935.291	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	66,935.29		(778.13)	0.00	66,935.29
07/21/21	07/21/21	Pay Princpl	430,886.130	HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3	430,886.13		(1,386.62)	0.00	430,886.13
07/25/21	07/25/21	Pay Princpl	158,607.539	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	158,607.54		(1,860.35)	0.00	158,607.54

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07/25/21	07/25/21	Pay Princpl	138,115.897	BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7	138,115.90		0.00	3.76	138,115.90
07/25/21	07/25/21	Pay Princpl	39,322.340	FHMS KF36 A MAT 08/25/24 Cpn 0.44 3137FBAR7	39,322.34		0.00	21.25	39,322.34
07/25/21	07/25/21	Pay Princpl	139,878.720	FHMS KF38 A MAT 09/25/24 Cpn 0.43 3137FBUC8	139,878.72		0.00	121.97	139,878.72
07/25/21	07/25/21	Pay Princpl	179,334.060	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.46 3137FNAV2	179,334.06		0.00	0.00	179,334.06
07/25/21	07/25/21	Pay Princpl	63,002.780	FHMS KI05 A MAT 07/25/24 Cpn 0.44 3137FQXG3	63,002.78		0.00	0.00	63,002.78
07/01/21	07/25/21	Pay Princpl	20,261.370	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	20,261.37		(432.99)	0.00	20,261.37
07/25/21	07/25/21	Pay Princpl	237,076.150	FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.45 3137FMTW	237,076.15		0.00	0.00	237,076.15
07/25/21	07/25/21	Pay Princpl	322,895.560	FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.25 3137FYUR5	322,895.56		0.00	0.00	322,895.56
07/01/21	07/25/21	Pay Princpl	32,390.465	FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7	32,390.47		0.00	(252.48)	32,390.47
			<u>11,169,465.703</u>		<u>11,169,465.71</u>		<u>(37,332.50)</u>	<u>(163.92)</u>	<u>11,169,465.71</u>
07/01/21	07/01/21	Mature Long	3,260,000.000	CT STATE OF CONNETICUT GO/UL MAT 07/01/21 Cpn 3.00 20772KJT7	3,260,000.00		0.00	0.00	3,260,000.00
07/06/21	07/06/21	Mature Long	36,000,000.000	U.S. TREASURY BILL MAT 07/06/21 Cpn 912796H85	35,999,947.50	52.50	0.00	0.00	36,000,000.00
07/07/21	07/07/21	Mature Long	6,500,000.000	CA LOS ANGELES METRO TRANS MAT 07/07/21 Cpn 0.09 54531HCE5	6,500,000.00		0.00	0.00	6,500,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/22/21	07/22/21	Mature Long	22,000,000.000	U.S. TREASURY BILL MAT 07/22/21 Cpn	912796C49	21,999,970.05	29.95	(0.00)	0.00	22,000,000.00
07/22/21	07/22/21	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 07/22/21 Cpn	912796C49	14,999,526.04	473.96	0.00	0.00	15,000,000.00
07/22/21	07/22/21	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 07/22/21 Cpn	912796C49	19,999,888.33	111.67	0.00	0.00	20,000,000.00
			<u>102,760,000.000</u>			<u>102,759,331.92</u>	<u>668.08</u>	<u>(0.00)</u>	<u>0.00</u>	<u>102,760,000.00</u>
07/01/21	07/01/21	Withdrawal	(4,485.890)	CUSTODY FEE MAT Cpn	USD	(4,485.89)		(4,485.89)	0.00	(4,485.89)
07/02/21	07/02/21	Withdrawal	(20,000,000.000)	WD MAT Cpn	USD	(20,000,000.00)		(20,000,000.00)	0.00	(20,000,000.00)
07/06/21	07/06/21	Withdrawal	(90,000,000.000)	WD MAT Cpn	USD	(90,000,000.00)		(90,000,000.00)	0.00	(90,000,000.00)
07/08/21	07/08/21	Withdrawal	(30,000,000.000)	WD MAT Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
07/12/21	07/12/21	Withdrawal	(30,000,000.000)	WD MAT Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
07/14/21	07/14/21	Withdrawal	(40,000,000.000)	WD MAT Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
07/19/21	07/19/21	Withdrawal	(60,000,000.000)	WD MAT Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
07/20/21	07/20/21	Withdrawal	(35,000,000.000)	WD MAT Cpn	USD	(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
07/22/21	07/22/21	Withdrawal	(60,000,000.000)	WD MAT Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

07/01/2021
through 07/31/2021

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
07/26/21	07/26/21	Withdrawal	(30,000,000.000)	WD MAT	Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
07/29/21	07/29/21	Withdrawal	(15,000,000.000)	WD MAT	Cpn USD	(15,000,000.00)		(15,000,000.00)	0.00	(15,000,000.00)
			<u>(410,004,485.890)</u>			<u>(410,004,485.89)</u>		<u>(410,004,485.89)</u>	<u>0.00</u>	<u>(410,004,485.89)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/14/21	07/15/21	Buy	760,000.000	U.S. TREASURY NOTE MAT 07/15/24 Cpn 0.38 91282CCL3	(758,634.38)		0.00	0.00	(758,634.38)
07/13/21	07/21/21	Buy	700,000.000	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	(699,916.98)		0.00	0.00	(699,916.98)
07/21/21	07/28/21	Buy	950,000.000	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	(949,843.73)		0.00	0.00	(949,843.73)
07/20/21	07/28/21	Buy	950,000.000	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	(949,964.19)		0.00	0.00	(949,964.19)
07/27/21	08/02/21	Buy	600,000.000	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	(599,991.90)		0.00	0.00	(599,991.90)
			<u>3,960,000.000</u>		<u>(3,958,351.18)</u>		<u>0.00</u>	<u>0.00</u>	<u>(3,958,351.18)</u>
07/01/21	07/01/21	Coupon		CA INFRA & ECON BANK-SCRIPPS MAT 07/01/25 Cpn 1.28 13034AN55		1,947.92	0.00	0.00	1,947.92
07/01/21	07/01/21	Coupon		CT STATE OF CONNECTICUT GO/U MAT 07/01/24 Cpn 2.00 20772KJW0		2,097.90	0.00	0.00	2,097.90
07/01/21	07/01/21	Coupon		HI STATE GO/ULT TXB MAT 01/01/22 Cpn 2.77 419792YL4		4,293.50	0.00	0.00	4,293.50
07/01/21	07/01/21	Coupon		CA NORTHERN CA PUB POWER TX MAT 07/01/24 Cpn 4.32 664845EA8		8,856.00	0.00	0.00	8,856.00
07/01/21	07/01/21	Coupon		CA SAN FRANCISCO BART-SALES MAT 07/01/21 Cpn 2.39 797669XU7		10,144.75	0.00	0.00	10,144.75
07/01/21	07/01/21	Coupon		CA SOUTHERN CA PUBLIC POWER MAT 07/01/24 Cpn 0.73 842475P66		3,298.50	0.00	0.00	3,298.50
07/01/21	07/01/21	Coupon		CA SOUTHERN CA PUBLIC POWER MAT 07/01/23 Cpn 3.46 84247PHY0		12,967.50	0.00	0.00	12,967.50

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/02/21	07/02/21	Coupon		FNMA MAT 07/02/24 Cpn 1.75 3135GOV75		6,650.00	0.00	0.00	6,650.00
07/07/21	07/07/21	Coupon		FNMA MAT 01/07/25 Cpn 1.63 3135GOX24		7,637.50	0.00	0.00	7,637.50
07/15/21	07/15/21	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		803.25	0.00	0.00	803.25
07/15/21	07/15/21	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		411.67	0.00	0.00	411.67
07/15/21	07/15/21	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		640.00	0.00	0.00	640.00
07/15/21	07/15/21	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		427.80	0.00	0.00	427.80
07/15/21	07/15/21	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		582.65	0.00	0.00	582.65
07/15/21	07/15/21	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		660.00	0.00	0.00	660.00
07/15/21	07/15/21	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		165.00	0.00	0.00	165.00
07/15/21	07/15/21	Coupon		MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		352.67	0.00	0.00	352.67
07/15/21	07/15/21	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		106.67	0.00	0.00	106.67
07/15/21	07/15/21	Coupon		U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0		400.00	0.00	0.00	400.00
07/15/21	07/15/21	Coupon		U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0		312.50	0.00	0.00	312.50

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/15/21	07/15/21	Coupon		U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0		206.25	0.00	0.00	206.25
07/15/21	07/15/21	Coupon		U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0		315.63	0.00	0.00	315.63
07/15/21	07/15/21	Coupon		U.S. TREASURY NOTE MAT 01/15/23 Cpn 1.50 912828Z29		3,412.50	0.00	0.00	3,412.50
07/15/21	07/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		773.24	0.00	0.00	773.24
07/15/21	07/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		574.47	0.00	0.00	574.47
07/16/21	07/16/21	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		93.50	0.00	0.00	93.50
07/20/21	07/20/21	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
07/20/21	07/20/21	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67
07/20/21	07/20/21	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		372.08	0.00	0.00	372.08
07/21/21	07/21/21	Coupon		FHLMC MAT 07/21/25 Cpn 0.38 3137EAEU9		1,068.75	0.00	0.00	1,068.75
07/23/21	07/23/21	Coupon		INTL BANK RECON & DEVELOP MAT 07/23/21 Cpn 2.75 459058GH0		10,725.00	0.00	0.00	10,725.00
07/25/21	07/25/21	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50
07/25/21	07/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		666.29	0.00	0.00	666.29

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/01/21	07/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		610.63	0.00	0.00	610.63
07/01/21	07/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		748.51	0.00	0.00	748.51
07/01/21	07/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		664.00	0.00	0.00	664.00
07/01/21	07/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,051.33	0.00	0.00	1,051.33
07/01/21	07/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		498.00	0.00	0.00	498.00
07/01/21	07/25/21	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
07/01/21	07/25/21	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
07/01/21	07/25/21	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40
07/01/21	07/25/21	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
07/01/21	07/25/21	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
07/25/21	07/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.44 3137FQXG3		90.16	0.00	0.00	90.16
07/01/21	07/25/21	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		545.53	0.00	0.00	545.53
07/01/21	07/25/21	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		157.57	0.00	0.00	157.57

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/01/21	07/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		645.45	0.00	0.00	645.45
07/01/21	07/25/21	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46
07/01/21	07/25/21	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		38.77	0.00	0.00	38.77
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 01/31/23 Cpn 0.13 91282CBG5		23.13	0.00	0.00	23.13
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 01/31/23 Cpn 0.13 91282CBG5		112.50	0.00	0.00	112.50
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 01/31/26 Cpn 0.38 91282CBH3		2,643.75	0.00	0.00	2,643.75
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 07/31/24 Cpn 1.75 912828Y87		15,268.75	0.00	0.00	15,268.75
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 01/31/24 Cpn 2.50 9128285Z9		4,562.50	0.00	0.00	4,562.50
07/31/21	07/31/21	Coupon		U.S. TREASURY NOTE MAT 01/31/24 Cpn 2.50 9128285Z9		5,412.50	0.00	0.00	5,412.50
						<u>126,079.93</u>	<u>0.00</u>	<u>0.00</u>	<u>126,079.93</u>
07/14/21	07/15/21	Sell Long	760,000.000	FNMA MAT 07/02/24 Cpn 1.75 3135GOV75	789,562.18	480.28	0.00	31,275.24	790,042.46

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount	
Fixed Income - cont.										
07/22/21	07/23/21	Sell Long	1,175,000.000	U.S. TREASURY NOTE MAT 03/15/24 Cpn 0.25 91282CBR1	1,173,301.76	1,037.70	981.52	0.00	1,174,339.46	
			<u>1,935,000.000</u>		<u>1,962,863.94</u>	<u>1,517.98</u>	<u>981.52</u>	<u>31,275.24</u>	<u>1,964,381.92</u>	
07/15/21	07/15/21	Pay Princpl	19,966.036	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	19,966.04		0.00	1.60	19,966.04	
07/15/21	07/15/21	Pay Princpl	33,167.740	HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8	33,167.74		0.00	0.11	33,167.74	
07/15/21	07/15/21	Pay Princpl	14,631.849	MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6	14,631.85		0.00	0.78	14,631.85	
07/15/21	07/15/21	Pay Princpl	30,284.471	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	30,284.47		0.00	1.80	30,284.47	
07/15/21	07/15/21	Pay Princpl	31,741.247	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	31,741.25		0.00	0.03	31,741.25	
07/25/21	07/25/21	Pay Princpl	37,763.700	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	37,763.70		0.00	2.18	37,763.70	
07/01/21	07/25/21	Pay Princpl	807.282	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	807.28		0.00	(1.42)	807.28	
07/01/21	07/25/21	Pay Princpl	989.571	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	989.57		0.00	(10.98)	989.57	
07/25/21	07/25/21	Pay Princpl	4,271.370	FHMS KI05 A MAT 07/25/24 Cpn 0.44 3137FQXG3	4,271.37		0.00	0.00	4,271.37	
07/01/21	07/25/21	Pay Princpl	21,840.907	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	21,840.91		0.00	0.07	21,840.91	

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

07/01/2021
through 07/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
07/01/21	07/25/21	Pay Princpl	1,083.940	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	1,083.94		0.02	0.00	1,083.94
07/01/21	07/25/21	Pay Princpl	1,026.576	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	1,026.58		0.00	(6.08)	1,026.58
			<u>197,574.689</u>		<u>197,574.70</u>		<u>0.02</u>	<u>(11.91)</u>	<u>197,574.70</u>
07/01/21	07/01/21	Mature Long	850,000.000	CA SAN FRANCISCO BART-SALES MAT 07/01/21 Cpn 2.39 797669XU7	850,000.00		0.00	0.00	850,000.00
07/23/21	07/23/21	Mature Long	780,000.000	INTL BANK RECON & DEVELOP MAT 07/23/21 Cpn 2.75 459058GH0	780,000.00		0.00	0.00	780,000.00
07/01/21	07/25/21	Mature Long	15,825.670	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	15,825.67		0.00	0.00	15,825.67
			<u>1,645,825.670</u>		<u>1,645,825.67</u>		<u>0.00</u>	<u>0.00</u>	<u>1,645,825.67</u>

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 07/01/2021 To 07/31/2021

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
07/14/21	07/12/21	07/14/21	BKAMER19	20030NBS9	COMCAST CORP	3,500,000.00	(40,731.25)	(3,809,015.00)	0.00	(3,849,746.25)
07/19/21	07/19/21	07/19/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	2,431,481.69	0.00	(2,431,481.69)	0.00	(2,431,481.69)
07/21/21	07/19/21	07/21/21	BKAMER19	927804FU3	VIRGINIA ELEC & POWER CO	5,000,000.00	(2,625.00)	(5,458,900.00)	0.00	(5,461,525.00)
TOTAL BUY						10,931,481.69	(43,356.25)	(11,699,396.69)	0.00	(11,742,752.94)
DIVIDEND										
07/01/21	07/01/21	07/01/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	6,187,004.93	25.43	0.00	0.00	25.43
TOTAL DIVIDEND						6,187,004.93	25.43	0.00	0.00	25.43
INTEREST										
07/08/21	07/08/21	07/08/21	BKAMER19	89236TFS9	TOYOTA MOTOR CREDIT CORP	0.00	83,750.00	0.00	0.00	83,750.00
07/10/21	07/10/21	07/10/21	BKAMER19	59217GAX7	MET LIFE GLOB FUNDING I	0.00	45,000.00	0.00	0.00	45,000.00
07/11/21	07/11/21	07/11/21	BKAMER19	06051GEU9	BANK OF AMERICA CORP	0.00	45,375.00	0.00	0.00	45,375.00
07/11/21	07/11/21	07/11/21	BKAMER19	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	0.00	36,875.00	0.00	0.00	36,875.00
07/11/21	07/11/21	07/11/21	BKAMER19	59217GCT4	MET LIFE GLOB FUNDING I	0.00	18,000.00	0.00	0.00	18,000.00
07/12/21	07/12/21	07/12/21	BKAMER19	02665WCT6	AMERICAN HONDA FINANCE	0.00	115,375.00	0.00	0.00	115,375.00
07/15/21	07/15/21	07/15/21	BKAMER19	48128BAB7	JPMORGAN CHASE & CO	0.00	74,300.00	0.00	0.00	74,300.00
07/15/21	07/15/21	07/15/21	BKAMER19	64952WDW0	NEW YORK LIFE GLOBAL FDG	0.00	21,250.00	0.00	0.00	21,250.00
07/15/21	07/15/21	07/15/21	BKAMER19	74456QCF1	PUBLIC SERVICE ELECTRIC	(9,000,000.00)	0.00	0.00	0.00	0.00
07/23/21	07/23/21	07/23/21	BKAMER19	17325FAS7	CITIBANK NA	0.00	169,725.00	0.00	0.00	169,725.00
07/23/21	07/23/21	07/23/21	BKAMER19	693475AV7	PNC FINANCIAL SERVICES	0.00	91,875.00	0.00	0.00	91,875.00
07/28/21	07/28/21	07/28/21	BKAMER19	06406RAQ0	BANK OF NY MELLON CORP	0.00	18,750.00	0.00	0.00	18,750.00
TOTAL INTEREST						(9,000,000.00)	720,275.00	0.00	0.00	720,275.00
SELL										
07/19/21	07/19/21	07/19/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	6,187,004.93	0.00	6,187,004.93	0.00	6,187,004.93
07/21/21	07/20/21	07/21/21	BKAMER19	438516BM7	HONEYWELL INTERNATIONAL	4,800,000.00	19,733.33	4,816,416.00	0.00	4,836,149.33
TOTAL SELL						10,987,004.93	19,733.33	11,003,420.93	0.00	11,023,154.26
WITHDRAW										
07/07/21	07/07/21	07/07/21	BKAMER19	CASHCASH6	C-04 BANK FEES	0.00	0.00	0.00	(701.75)	(701.75)

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LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 07/01/2021 To 07/31/2021

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
TOTAL WITHDRAW						0.00	0.00	0.00	(701.75)	(701.75)
GRAND TOTAL						19,105,491.55	696,677.51	(695,975.76)	(701.75)	0.00
Avg Date 19										



DATE: September 27, 2021
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for August 2021

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from August 1 to August 31, 2021.

L.A. Care's investment market value as of August 31, 2021, was \$1.7 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$73 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$253 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of August 31, 2021, of \$1.3 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/06/21	08/09/21	Buy	2,000,000.000	CREDIT AGRICOLE YCD FRN SOFR MAT 05/09/22 Cpn 0.17 22532XQP6	(2,000,000.00)		0.00	0.00	(2,000,000.00)
08/12/21	08/13/21	Buy	40,000,000.000	U.S. TREASURY BILL MAT 08/24/21 Cpn 912796K32	(39,999,572.22)		0.00	0.00	(39,999,572.22)
08/12/21	08/13/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 08/24/21 Cpn 912796K32	(49,999,465.28)		0.00	0.00	(49,999,465.28)
08/12/21	08/13/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 09/28/21 Cpn 912796L56	(19,999,080.00)		0.00	0.00	(19,999,080.00)
08/12/21	08/13/21	Buy	40,000,000.000	U.S. TREASURY BILL MAT 09/28/21 Cpn 912796L56	(39,998,165.11)		0.00	0.00	(39,998,165.11)
08/12/21	08/13/21	Buy	30,000,000.000	U.S. TREASURY BILL MAT 09/30/21 Cpn 912796F61	(29,998,600.00)		0.00	0.00	(29,998,600.00)
08/13/21	08/13/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 10/12/21 Cpn 912796M30	(19,998,333.33)		0.00	0.00	(19,998,333.33)
08/13/21	08/13/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/21 Cpn 912796M30	(49,995,833.33)		0.00	0.00	(49,995,833.33)
08/13/21	08/13/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 10/19/21 Cpn 912796M48	(19,998,157.50)		0.00	0.00	(19,998,157.50)
08/12/21	08/13/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 10/05/21 Cpn 912796M22	(19,998,645.56)		0.00	0.00	(19,998,645.56)
08/12/21	08/13/21	Buy	25,000,000.000	U.S. TREASURY BILL MAT 09/14/21 Cpn 912796L31	(24,999,200.00)		0.00	0.00	(24,999,200.00)
08/12/21	08/13/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 09/21/21 Cpn 912796L49	(9,999,669.58)		0.00	0.00	(9,999,669.58)
08/12/21	08/13/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/21/21 Cpn 912796L49	(49,998,347.92)		0.00	0.00	(49,998,347.92)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/12/21	08/13/21	Buy	40,000,000.000	U.S. TREASURY BILL MAT 09/23/21 Cpn 912796F53	(39,998,314.44)		0.00	0.00	(39,998,314.44)
08/16/21	08/17/21	Buy	30,000,000.000	U.S. TREASURY BILL MAT 10/14/21 Cpn 912796G52	(29,997,800.83)		0.00	0.00	(29,997,800.83)
08/19/21	08/20/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn 912796D55	(9,999,966.67)		0.00	0.00	(9,999,966.67)
08/19/21	08/20/21	Buy	5,000,000.000	U.S. TREASURY BILL MAT 10/19/21 Cpn 912796M48	(4,999,625.00)		0.00	0.00	(4,999,625.00)
08/20/21	08/23/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 10/19/21 Cpn 912796M48	(9,999,287.50)		0.00	0.00	(9,999,287.50)
08/17/21	08/25/21	Buy	3,000,000.000	HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0	(2,999,701.20)		0.00	0.00	(2,999,701.20)
08/24/21	08/25/21	Buy	7,500,000.000	SKANDINAV ENSKILDA BK YCD MAT 05/10/22 Cpn 0.23 83050PUW7	(7,502,677.43)	(5,127.08)	0.00	0.00	(7,507,804.51)
08/26/21	08/27/21	Buy	6,060,000.000	NORDEA BANK ABP NY YCD MAT 05/11/22 Cpn 0.21 65558UBA9	(6,061,723.70)	(3,853.15)	0.00	0.00	(6,065,576.85)
08/26/21	08/30/21	Buy	1,070,000.000	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	(1,088,348.83)	(873.83)	0.00	0.00	(1,089,222.66)
			<u>489,630,000.000</u>		<u>(489,630,515.43)</u>	<u>(9,854.06)</u>	<u>0.00</u>	<u>0.00</u>	<u>(489,640,369.49)</u>
08/01/21	08/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/21 Cpn 1.82 796720MD9		14,044.80	0.00	0.00	14,044.80
08/01/21	08/01/21	Coupon		CA SAN DIEGO PUBLIC FACS WTR MAT 08/01/21 Cpn 1.13 79730CJE5		5,655.00	0.00	0.00	5,655.00
08/01/21	08/01/21	Coupon		CA SILICON VALLEY CLEAN WTR R MAT 08/01/21 Cpn 0.18 82707BDH9		1,128.38	0.00	0.00	1,128.38

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/02/21	08/02/21	Coupon		BANK OF MONTREAL YCD 1M BSB MAT 12/01/21 Cpn 0.19 06367CFR3		255.91	0.00	0.00	255.91
08/05/21	08/05/21	Coupon		FFCB 1ML+13 FRN MAT 11/05/21 Cpn 0.22 3133EK5T9		2,382.48	0.00	0.00	2,382.48
08/06/21	08/06/21	Coupon		CANADIAN IMPERIAL BANK FRN YC MAT 08/06/21 Cpn 13606CDK7		5,142.49	0.00	0.00	5,142.49
08/09/21	08/09/21	Coupon		CREDIT AGRICOLE YCD FRN MAT 08/09/21 Cpn 22532XPA0		1,880.67	0.00	0.00	1,880.67
08/10/21	08/10/21	Coupon		CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30 14687TAB3		1,750.00	0.00	0.00	1,750.00
08/15/21	08/15/21	Coupon		CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4		3,878.71	0.00	0.00	3,878.71
08/15/21	08/15/21	Coupon		CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7		5,203.67	0.00	0.00	5,203.67
08/15/21	08/15/21	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		12,477.82	0.00	0.00	12,477.82
08/15/21	08/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		3,473.07	0.00	0.00	3,473.07
08/15/21	08/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		7,579.73	0.00	0.00	7,579.73
08/15/21	08/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		2,117.87	0.00	0.00	2,117.87
08/15/21	08/15/21	Coupon		FORD 2018-3 A1 FLOOR MAT 10/15/23 Cpn 3.52 34528QGH1		8,653.33	0.00	0.00	8,653.33
08/15/21	08/15/21	Coupon		HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4		1,307.96	0.00	0.00	1,307.96

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/21	08/15/21	Coupon		HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3		850.00	0.00	0.00	850.00
08/15/21	08/15/21	Coupon		HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9		412.08	0.00	0.00	412.08
08/15/21	08/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		413.84	0.00	0.00	413.84
08/15/21	08/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		952.09	0.00	0.00	952.09
08/15/21	08/15/21	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		7,284.67	0.00	0.00	7,284.67
08/15/21	08/15/21	Coupon		MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4		1,138.06	0.00	0.00	1,138.06
08/15/21	08/15/21	Coupon		MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8		1,375.00	0.00	0.00	1,375.00
08/15/21	08/15/21	Coupon		MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6		611.36	0.00	0.00	611.36
08/15/21	08/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		9,372.33	0.00	0.00	9,372.33
08/15/21	08/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		5,473.99	0.00	0.00	5,473.99
08/15/21	08/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		548.90	0.00	0.00	548.90
08/15/21	08/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		153.12	0.00	0.00	153.12
08/15/21	08/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		55.92	0.00	0.00	55.92

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/21	08/15/21	Coupon		TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7		953.62	0.00	0.00	953.62
08/15/21	08/15/21	Coupon		TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4		707.15	0.00	0.00	707.15
08/15/21	08/15/21	Coupon		WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6		783.33	0.00	0.00	783.33
08/16/21	08/16/21	Coupon		FFCB FRN 3ML+0 MAT 11/16/21 Cpn 0.12 3133EKLZ7		876.39	0.00	0.00	876.39
08/16/21	08/16/21	Coupon		GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0		1,125.00	0.00	0.00	1,125.00
08/18/21	08/18/21	Coupon		HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9		5,132.81	0.00	0.00	5,132.81
08/18/21	08/18/21	Coupon		HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8		1,507.63	0.00	0.00	1,507.63
08/20/21	08/20/21	Coupon		FFCB FRN MAT 10/20/21 Cpn 0.10 3133ELW42		1,612.52	0.00	0.00	1,612.52
08/20/21	08/20/21	Coupon		GMALT 2020-2 A2A LEASE MAT 10/20/22 Cpn 0.71 36259PAB2		1,917.63	0.00	0.00	1,917.63
08/20/21	08/20/21	Coupon		GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1		747.08	0.00	0.00	747.08
08/20/21	08/20/21	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		8,115.99	0.00	0.00	8,115.99
08/20/21	08/20/21	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		2,598.61	0.00	0.00	2,598.61
08/20/21	08/20/21	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		4,239.33	0.00	0.00	4,239.33

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/20/21	08/20/21	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		1,064.16	0.00	0.00	1,064.16
08/20/21	08/20/21	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		8,083.33	0.00	0.00	8,083.33
08/20/21	08/20/21	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		3,960.83	0.00	0.00	3,960.83
08/21/21	08/21/21	Coupon		HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3		1,604.09	0.00	0.00	1,604.09
08/23/21	08/23/21	Coupon		INTL FINANCE CORP FRN MAT 08/23/21 Cpn 45950VNE2		1,818.79	0.00	0.00	1,818.79
08/23/21	08/23/21	Coupon		SUMITOMO MITSUI BANK YCD MAT 08/23/21 Cpn 0.20 86565CXM6		5,409.44	0.00	0.00	5,409.44
08/25/21	08/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		2,544.64	0.00	0.00	2,544.64
08/25/21	08/25/21	Coupon		BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7		153.67	0.00	0.00	153.67
08/25/21	08/25/21	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 0.43 3137FBAR7		780.83	0.00	0.00	780.83
08/25/21	08/25/21	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 0.42 3137FBUC8		340.45	0.00	0.00	340.45
08/25/21	08/25/21	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.45 3137FNAV2		1,247.08	0.00	0.00	1,247.08
08/25/21	08/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.43 3137FOXG3		1,397.49	0.00	0.00	1,397.49
08/25/21	08/25/21	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.31 3137FVNA6		1,306.45	0.00	0.00	1,306.45

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/01/21	08/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		12,696.53	0.00	0.00	12,696.53
08/25/21	08/25/21	Coupon		FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.44 3137FMTW		404.75	0.00	0.00	404.75
08/25/21	08/25/21	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.25 3137FYUR5		651.59	0.00	0.00	651.59
08/01/21	08/25/21	Coupon		FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7		2,287.04	0.00	0.00	2,287.04
						<u>181,641.50</u>	<u>0.00</u>	<u>0.00</u>	<u>181,641.50</u>
08/01/21	08/01/21	Income	272.400	STIF INT MAT Cpn USD		272.40	0.00	0.00	272.40
08/01/21	08/01/21	Income	(53.540)	ADJ NET INT MAT Cpn USD		(53.54)	0.00	0.00	(53.54)
			<u>218.860</u>			<u>218.86</u>	<u>0.00</u>	<u>0.00</u>	<u>218.86</u>
08/12/21	08/12/21	Contributn	325,000,000.000	NM MAT Cpn USD	325,000,000.00		0.00	0.00	325,000,000.00
08/13/21	08/13/21	Contributn	90,000,000.000	NM MAT Cpn USD	90,000,000.00		0.00	0.00	90,000,000.00
			<u>415,000,000.000</u>		<u>415,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>415,000,000.00</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/04/21	08/05/21	Sell Long	6,000,000.000	U.S. TREASURY BILL MAT 08/10/21 Cpn	912796J91	5,999,712.43	270.90	15.58	0.00	5,999,983.33
08/06/21	08/09/21	Sell Long	4,000,000.000	U.S. TREASURY BILL MAT 08/10/21 Cpn	912796J91	3,999,798.87	197.80	0.97	0.00	3,999,996.67
08/06/21	08/09/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 08/10/21 Cpn	912796J91	49,997,485.83	2,472.50	12.08	0.00	49,999,958.33
08/13/21	08/16/21	Sell Long	18,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn	912796K24	17,998,993.75	993.75	6.25	0.00	17,999,987.50
08/13/21	08/16/21	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn	912796K24	14,999,169.58	820.00	6.66	0.00	14,999,989.58
08/13/21	08/16/21	Sell Long	7,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn	912796K24	6,999,760.66	234.48	2.70	0.00	6,999,995.14
08/13/21	08/16/21	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn	912796K24	29,998,974.25	1,004.92	11.59	0.00	29,999,979.17
08/13/21	08/16/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn	912796K24	19,999,316.17	669.94	7.72	0.00	19,999,986.11
08/20/21	08/23/21	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 08/24/21 Cpn	912796K32	39,999,590.33	388.89	18.11	0.00	39,999,979.22
08/26/21	08/26/21	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 09/02/21 Cpn	912796D63	14,999,277.91	649.17	37.91	0.00	14,999,927.08
08/26/21	08/27/21	Sell Long	6,000,000.000	U.S. TREASURY BILL MAT 09/02/21 Cpn	912796D63	5,999,709.00	266.00	13.00	0.00	5,999,975.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
08/31/21	09/01/21	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 09/02/21 Cpn 912796D63	24,998,743.27	1,240.28	9.93	0.00	24,999,983.54
			<u>236,000,000.000</u>		<u>235,990,532.05</u>	<u>9,208.62</u>	<u>142.51</u>	<u>0.00</u>	<u>235,999,740.67</u>
08/15/21	08/15/21	Pay Princpl	140,403.718	CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4	140,403.72		(1,973.71)	0.00	140,403.72
08/15/21	08/15/21	Pay Princpl	187,418.023	CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7	187,418.02		(2,715.06)	0.00	187,418.02
08/15/21	08/15/21	Pay Princpl	426,880.335	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	426,880.34		(5,905.89)	0.00	426,880.34
08/15/21	08/15/21	Pay Princpl	528,501.988	HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4	528,501.99		(581.98)	0.00	528,501.99
08/15/21	08/15/21	Pay Princpl	223,040.558	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	223,040.56		0.00	4.77	223,040.56
08/15/21	08/15/21	Pay Princpl	513,130.118	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	513,130.12		(188.25)	0.00	513,130.12
08/15/21	08/15/21	Pay Princpl	645,242.251	MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4	645,242.25		26.79	0.00	645,242.25
08/15/21	08/15/21	Pay Princpl	335,381.663	MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6	335,381.66		0.00	2.03	335,381.66
08/15/21	08/15/21	Pay Princpl	377,679.971	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	377,679.97		(5,142.43)	0.00	377,679.97
08/15/21	08/15/21	Pay Princpl	298,589.195	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	298,589.20		(937.41)	0.00	298,589.20

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/21	08/15/21	Pay Princpl	29,940.576	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	29,940.58		(93.79)	0.00	29,940.58
08/15/21	08/15/21	Pay Princpl	95,699.623	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	95,699.62		0.00	(0.00)	95,699.62
08/15/21	08/15/21	Pay Princpl	34,951.166	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	34,951.17		0.00	0.00	34,951.17
08/15/21	08/15/21	Pay Princpl	587,072.630	TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7	587,072.63		0.00	7.78	587,072.63
08/15/21	08/15/21	Pay Princpl	540,035.919	TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4	540,035.92		(34.59)	0.00	540,035.92
08/18/21	08/18/21	Pay Princpl	259,135.848	HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9	259,135.85		(2,795.24)	0.00	259,135.85
08/18/21	08/18/21	Pay Princpl	901,950.391	HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8	901,950.39		29.87	0.00	901,950.39
08/20/21	08/20/21	Pay Princpl	664,327.821	GMALT 2020-2 A2A LEASE MAT 10/20/22 Cpn 0.71 36259PAB2	664,327.82		(1,150.97)	0.00	664,327.82
08/20/21	08/20/21	Pay Princpl	642,413.069	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	642,413.07		(3,589.56)	0.00	642,413.07
08/20/21	08/20/21	Pay Princpl	205,690.056	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	205,690.06		(1,120.26)	0.00	205,690.06
08/20/21	08/20/21	Pay Princpl	260,635.922	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	260,635.92		(2,956.09)	0.00	260,635.92
08/20/21	08/20/21	Pay Princpl	65,424.936	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	65,424.94		(708.97)	0.00	65,424.94
08/21/21	08/21/21	Pay Princpl	401,191.700	HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3	401,191.70		(1,073.55)	0.00	401,191.70

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/25/21	08/25/21	Pay Princpl	143,865.393	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	143,865.39		(1,584.47)	0.00	143,865.39
08/25/21	08/25/21	Pay Princpl	132,832.252	BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7	132,832.25		0.00	3.13	132,832.25
08/25/21	08/25/21	Pay Princpl	43,888.244	FHMS KF36 A MAT 08/25/24 Cpn 0.43 3137FBAR7	43,888.24		0.00	23.07	43,888.24
08/25/21	08/25/21	Pay Princpl	824.082	FHMS KF38 A MAT 09/25/24 Cpn 0.42 3137FBUC8	824.08		0.00	0.70	824.08
08/25/21	08/25/21	Pay Princpl	818,914.459	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.45 3137FNAV2	818,914.46		0.00	0.00	818,914.46
08/25/21	08/25/21	Pay Princpl	371,620.991	FHMS KI05 A MAT 07/25/24 Cpn 0.43 3137FOXG3	371,620.99		0.00	(0.00)	371,620.99
08/25/21	08/25/21	Pay Princpl	456,608.925	FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.31 3137FVNA6	456,608.93		0.00	0.00	456,608.93
08/01/21	08/25/21	Pay Princpl	19,345.406	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	19,345.41		(391.05)	0.00	19,345.41
08/25/21	08/25/21	Pay Princpl	167,361.507	FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.44 3137FMTW	167,361.51		0.00	0.00	167,361.51
08/25/21	08/25/21	Pay Princpl	220.492	FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.25 3137FYUR5	220.49		(0.00)	0.00	220.49
08/01/21	08/25/21	Pay Princpl	163,829.485	FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7	163,829.49		0.00	(1,111.43)	163,829.49
			<u>10,684,048.712</u>		<u>10,684,048.74</u>		<u>(32,886.61)</u>	<u>(1,069.95)</u>	<u>10,684,048.74</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/01/21	08/01/21	Mature Long	1,540,000.000	CA SAN BERNARDINO CCD TXB MAT 08/01/21 Cpn 1.82 796720MD9	1,540,000.00		0.00	0.00	1,540,000.00
08/01/21	08/01/21	Mature Long	1,000,000.000	CA SAN DIEGO PUBLIC FACS WTR MAT 08/01/21 Cpn 1.13 79730CJE5	1,000,000.00		0.00	0.00	1,000,000.00
08/01/21	08/01/21	Mature Long	1,700,000.000	CA SILICON VALLEY CLEAN WTR R MAT 08/01/21 Cpn 0.18 82707BDH9	1,700,000.00		0.00	0.00	1,700,000.00
08/05/21	08/05/21	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 08/05/21 Cpn 912796C64	4,999,737.50	262.50	0.00	0.00	5,000,000.00
08/05/21	08/05/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/05/21 Cpn 912796C64	49,997,375.00	2,625.00	0.00	0.00	50,000,000.00
08/06/21	08/06/21	Mature Long	6,000,000.000	CANADIAN IMPERIAL BANK FRN YC MAT 08/06/21 Cpn 13606CDK7	6,000,000.00		0.00	0.00	6,000,000.00
08/09/21	08/09/21	Mature Long	2,000,000.000	CREDIT AGRICOLE YCD FRN MAT 08/09/21 Cpn 22532XPA0	2,000,000.00		0.00	0.00	2,000,000.00
08/17/21	08/17/21	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 08/17/21 Cpn 912796K24	29,998,962.67	1,037.33	0.00	0.00	30,000,000.00
08/19/21	08/19/21	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 08/19/21 Cpn 912796D48	24,999,020.14	979.86	0.00	0.00	25,000,000.00
08/19/21	08/19/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/19/21 Cpn 912796D48	49,998,040.28	1,959.72	0.00	0.00	50,000,000.00
08/23/21	08/23/21	Mature Long	9,750,000.000	INTL FINANCE CORP FRN MAT 08/23/21 Cpn 45950VNE2	9,750,000.00		0.00	0.00	9,750,000.00
08/23/21	08/23/21	Mature Long	4,550,000.000	SUMITOMO MITSUI BANK YCD MAT 08/23/21 Cpn 0.20 86565CXM6	4,550,000.00		0.00	0.00	4,550,000.00
08/24/21	08/24/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/24/21 Cpn 912796K32	49,999,465.28	534.72	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/26/21	08/26/21	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn	912796D55	9,999,515.97	484.03	0.00	0.00	10,000,000.00
08/26/21	08/26/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn	912796D55	49,997,579.86	2,420.14	0.00	0.00	50,000,000.00
08/26/21	08/26/21	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 08/26/21 Cpn	912796D55	9,999,966.67	33.33	0.00	0.00	10,000,000.00
			<u>306,540,000.000</u>			<u>306,529,663.37</u>	<u>10,336.63</u>	<u>0.00</u>	<u>0.00</u>	<u>306,540,000.00</u>
08/02/21	08/02/21	Withdrawal	(30,000,000.000)	WD MAT Cpn USD		(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
08/05/21	08/05/21	Withdrawal	(60,000,000.000)	WD MAT Cpn USD		(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
08/09/21	08/09/21	Withdrawal	(60,000,000.000)	WD MAT Cpn USD		(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
08/17/21	08/17/21	Withdrawal	(90,000,000.000)	WD MAT Cpn USD		(90,000,000.00)		(90,000,000.00)	0.00	(90,000,000.00)
08/19/21	08/19/21	Withdrawal	(60,000,000.000)	WD MAT Cpn USD		(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
08/23/21	08/23/21	Withdrawal	(40,000,000.000)	WD MAT Cpn USD		(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/25/21	08/25/21	Withdrawal	(65,000,000.000)	WD MAT Cpn USD		(65,000,000.00)		(65,000,000.00)	0.00	(65,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2021
through 08/31/2021

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Cash - cont. 08/26/21	08/26/21	Withdrawal	(70,000,000.000)	WD MAT	Cpn	USD	(70,000,000.00)	(70,000,000.00)	0.00	(70,000,000.00)
			<u>(475,000,000.000)</u>				<u>(475,000,000.00)</u>	<u>(475,000,000.00)</u>	<u>0.00</u>	<u>(475,000,000.00)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/05/21	08/06/21	Buy	470,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63 91282CCP4	(467,870.31)	(47.89)	0.00	0.00	(467,918.20)
08/31/21	09/01/21	Buy	1,880,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63 91282CCP4	(1,867,001.56)	(1,021.74)	0.00	0.00	(1,868,023.30)
			<u>2,350,000.000</u>		<u>(2,334,871.87)</u>	<u>(1,069.63)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,335,941.50)</u>
08/01/21	08/01/21	Coupon		CA STWD CMTY DEV AUTH REV-CA MAT 02/01/25 Cpn 0.73 13080SZL1		2,821.25	0.00	0.00	2,821.25
08/01/21	08/01/21	Coupon		CA ST HSG FIN AGY REV-TXBL MAT 08/01/23 Cpn 2.93 13034PZM2		3,660.00	0.00	0.00	3,660.00
08/01/21	08/01/21	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,507.90	0.00	0.00	1,507.90
08/01/21	08/01/21	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,533.75	0.00	0.00	2,533.75
08/01/21	08/01/21	Coupon		CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8		2,607.00	0.00	0.00	2,607.00
08/01/21	08/01/21	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		3,882.85	0.00	0.00	3,882.85
08/01/21	08/01/21	Coupon		HOUSING URBAN DEVELOPMENT MAT 08/01/23 Cpn 2.62 911759MW5		1,832.60	0.00	0.00	1,832.60
08/01/21	08/01/21	Coupon		CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0		16,848.88	0.00	0.00	16,848.88
08/01/21	08/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 0.94 796720NQ9		942.00	0.00	0.00	942.00
08/01/21	08/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 2.04 796720MG2		5,825.40	0.00	0.00	5,825.40

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/01/21	08/01/21	Coupon		CA SAN FRANCISCO REDEV AGY-T MAT 08/01/22 Cpn 2.38 79770GGP5		11,875.00	0.00	0.00	11,875.00
08/01/21	08/01/21	Coupon		CA SAN JOSE REDEV AGY TAB TX MAT 08/01/21 Cpn 2.48 798170AD8		12,028.00	0.00	0.00	12,028.00
08/01/21	08/01/21	Coupon		CA SONOMA CNTY CLG DIST TXB MAT 08/01/23 Cpn 1.99 835569GQ1		3,484.25	0.00	0.00	3,484.25
08/01/21	08/01/21	Coupon		CA SAN FRANCISCO REDEV AGY T MAT 08/01/23 Cpn 2.50 79770GGQ3		6,250.00	0.00	0.00	6,250.00
08/01/21	08/01/21	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		5,625.00	0.00	0.00	5,625.00
08/01/21	08/01/21	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		11,250.00	0.00	0.00	11,250.00
08/12/21	08/12/21	Coupon		FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4		2,820.00	0.00	0.00	2,820.00
08/15/21	08/15/21	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		803.25	0.00	0.00	803.25
08/15/21	08/15/21	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		411.67	0.00	0.00	411.67
08/15/21	08/15/21	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		246.74	0.00	0.00	246.74
08/15/21	08/15/21	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		640.00	0.00	0.00	640.00
08/15/21	08/15/21	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		383.87	0.00	0.00	383.87
08/15/21	08/15/21	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		533.45	0.00	0.00	533.45

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/21	08/15/21	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		660.00	0.00	0.00	660.00
08/15/21	08/15/21	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		165.00	0.00	0.00	165.00
08/15/21	08/15/21	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		251.22	0.00	0.00	251.22
08/15/21	08/15/21	Coupon		MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		330.23	0.00	0.00	330.23
08/15/21	08/15/21	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		200.00	0.00	0.00	200.00
08/15/21	08/15/21	Coupon		CA RIVERSIDE CNTY PENSN OBLG MAT 02/15/23 Cpn 2.36 76913CAX7		3,308.20	0.00	0.00	3,308.20
08/15/21	08/15/21	Coupon		U.S. TREASURY NOTE MAT 02/15/23 Cpn 1.38 912828Z86		2,371.88	0.00	0.00	2,371.88
08/15/21	08/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		699.80	0.00	0.00	699.80
08/15/21	08/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		523.95	0.00	0.00	523.95
08/15/21	08/15/21	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		196.00	0.00	0.00	196.00
08/16/21	08/16/21	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		93.50	0.00	0.00	93.50
08/20/21	08/20/21	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
08/20/21	08/20/21	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/20/21	08/20/21	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		372.08	0.00	0.00	372.08
08/25/21	08/25/21	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50
08/25/21	08/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		605.87	0.00	0.00	605.87
08/01/21	08/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		609.03	0.00	0.00	609.03
08/01/21	08/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		746.56	0.00	0.00	746.56
08/01/21	08/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		664.00	0.00	0.00	664.00
08/01/21	08/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,051.33	0.00	0.00	1,051.33
08/01/21	08/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		498.00	0.00	0.00	498.00
08/01/21	08/25/21	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
08/01/21	08/25/21	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
08/01/21	08/25/21	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40
08/01/21	08/25/21	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
08/01/21	08/25/21	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/25/21	08/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.43 3137FOXG3		94.74	0.00	0.00	94.74
08/01/21	08/25/21	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		513.39	0.00	0.00	513.39
08/01/21	08/25/21	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		157.10	0.00	0.00	157.10
08/01/21	08/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		643.29	0.00	0.00	643.29
08/01/21	08/25/21	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46
08/31/21	08/31/21	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		587.50	0.00	0.00	587.50
08/31/21	08/31/21	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		2,225.00	0.00	0.00	2,225.00
08/31/21	08/31/21	Coupon		U.S. TREASURY NOTE MAT 02/28/25 Cpn 1.13 912828ZC7		2,559.38	0.00	0.00	2,559.38
08/31/21	08/31/21	Coupon		U.S. TREASURY NOTE MAT 02/29/24 Cpn 2.38 9128286G0		5,106.25	0.00	0.00	5,106.25
						<u>136,089.52</u>	<u>0.00</u>	<u>0.00</u>	<u>136,089.52</u>
08/31/21	09/01/21	Sell Long	1,745,000.000	U.S. TREASURY NOTE MAT 07/31/24 Cpn 1.75 912828Y87	1,814,391.02	2,655.43	0.00	59,189.48	1,817,046.45
08/15/21	08/15/21	Pay Princpl	18,143.165	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	18,143.17		0.00	1.36	18,143.17
08/15/21	08/15/21	Pay Princpl	30,703.431	HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8	30,703.43		0.00	0.09	30,703.43

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

08/01/2021
through 08/31/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/15/21	08/15/21	Pay Princpl	20,881.210	MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6	20,881.21		0.00	1.02	20,881.21
08/15/21	08/15/21	Pay Princpl	28,200.105	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	28,200.11		0.00	1.56	28,200.11
08/15/21	08/15/21	Pay Princpl	28,579.640	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	28,579.64		0.00	0.02	28,579.64
08/25/21	08/25/21	Pay Princpl	34,253.665	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	34,253.67		0.00	1.86	34,253.67
08/01/21	08/25/21	Pay Princpl	768.027	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	768.03		0.00	(1.22)	768.03
08/01/21	08/25/21	Pay Princpl	941.453	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	941.45		0.00	(9.46)	941.45
08/25/21	08/25/21	Pay Princpl	25,194.643	FHMS KI05 A MAT 07/25/24 Cpn 0.43 3137FQXG3	25,194.64		0.00	(0.00)	25,194.64
08/01/21	08/25/21	Pay Princpl	1,001.225	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	1,001.22		0.00	(0.00)	1,001.22
08/01/21	08/25/21	Pay Princpl	1,003.820	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	1,003.82		0.00	0.01	1,003.82
08/01/21	08/25/21	Pay Princpl	980.167	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	980.17		0.00	(5.50)	980.17
			<u>190,650.551</u>		<u>190,650.56</u>		<u>0.00</u>	<u>(10.26)</u>	<u>190,650.56</u>
08/01/21	08/01/21	Mature Long	970,000.000	CA SAN JOSE REDEV AGY TAB TX MAT 08/01/21 Cpn 2.48 798170AD8	970,000.00		0.00	0.00	970,000.00

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 08/01/2021 To 08/31/2021

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
08/04/21	08/02/21	08/04/21	BKAMER19	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	5,000,000.00	(3,000.00)	(5,036,300.00)	0.00	(5,039,300.00)
08/04/21	08/02/21	08/04/21	BKAMER19	61761J3R8	MORGAN STANLEY	3,000,000.00	(1,822.92)	(3,267,000.00)	0.00	(3,268,822.92)
08/04/21	08/02/21	08/04/21	BKAMER19	95000U2N2	WELLS FARGO & COMPANY	2,000,000.00	(11,426.22)	(2,087,740.00)	0.00	(2,099,166.22)
08/18/21	08/18/21	08/18/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	1,436,541.48	0.00	(1,436,541.48)	0.00	(1,436,541.48)
TOTAL BUY						11,436,541.48	(16,249.14)	(11,827,581.48)	0.00	(11,843,830.62)
DIVIDEND										
08/01/21	08/01/21	08/01/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	2,431,481.69	17.79	0.00	0.00	17.79
TOTAL DIVIDEND						2,431,481.69	17.79	0.00	0.00	17.79
INTEREST										
08/01/21	08/01/21	08/01/21	BKAMER19	05531FBH5	TRUIST FINANCIAL CORP	0.00	62,500.00	0.00	0.00	62,500.00
08/01/21	08/01/21	08/01/21	BKAMER19	54438CYJ5	LOS ANGELES CA CMNTY CLG DIST	0.00	11,272.75	0.00	0.00	11,272.75
08/01/21	08/01/21	08/01/21	BKAMER19	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	0.00	4,251.50	0.00	0.00	4,251.50
08/01/21	08/01/21	08/01/21	BKAMER19	68235PAE8	ONE GAS INC	0.00	78,156.50	0.00	0.00	78,156.50
08/01/21	08/01/21	08/01/21	BKAMER19	969268DG3	WILLIAM S HART CA UNION HIGH S	0.00	8,894.75	0.00	0.00	8,894.75
08/03/21	08/03/21	08/03/21	BKAMER19	025816BW8	AMERICAN EXPRESS CO	0.00	74,000.00	0.00	0.00	74,000.00
08/12/21	08/12/21	08/12/21	BKAMER19	459200HU8	IBM CORP	0.00	36,250.00	0.00	0.00	36,250.00
08/13/21	08/13/21	08/13/21	BKAMER19	89236TGT6	TOYOTA MOTOR CREDIT CORP	0.00	27,000.00	0.00	0.00	27,000.00
08/15/21	08/15/21	08/15/21	BKAMER19	210518CV6	CONSUMERS ENERGY CO	0.00	59,062.50	0.00	0.00	59,062.50
08/15/21	08/15/21	08/15/21	BKAMER19	25468PCT1	WALT DISNEY COMPANY/THE	0.00	63,750.00	0.00	0.00	63,750.00
08/15/21	08/15/21	08/15/21	BKAMER19	384802AE4	WW GRAINGER INC	0.00	9,250.00	0.00	0.00	9,250.00
08/15/21	08/15/21	08/15/21	BKAMER19	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	0.00	22,125.00	0.00	0.00	22,125.00
08/20/21	08/20/21	08/20/21	BKAMER19	38141GXE9	GOLDMAN SACHS GROUP INC	0.00	163,125.00	0.00	0.00	163,125.00
08/23/21	08/23/21	08/23/21	BKAMER19	69353REK0	PNC BANK NA	0.00	29,500.00	0.00	0.00	29,500.00
08/25/21	08/25/21	08/25/21	BKAMER19	61746BDJ2	MORGAN STANLEY	0.00	56,250.00	0.00	0.00	56,250.00
TOTAL INTEREST						0.00	705,388.00	0.00	0.00	705,388.00
SELL										
08/04/21	08/03/21	08/04/21	BKAMER19	0258M0EG0	AMERICAN EXPRESS CREDIT	6,500,000.00	73,612.50	6,581,055.00	0.00	6,654,667.50
08/04/21	08/03/21	08/04/21	BKAMER19	677415CP4	OHIO POWER COMPANY	2,000,000.00	36,729.17	2,016,280.00	0.00	2,053,009.17

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LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 08/01/2021 To 08/31/2021P

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Symbol	Descript	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
08/18/21	08/18/21	08/18/21	BKAMER19	092480778	BLACKROCK TREASURY TRUST	2,431,481.69	0.00	2,431,481.69	0.00	2,431,481.69
TOTAL SELL										
						10,931,481.69	110,341.67	11,028,816.69	0.00	11,139,158.36
WITHDRAW										
08/09/21	08/09/21	08/09/21	BKAMER19	CASHCASH6	C-04 BANK FEES	0.00	0.00	0.00	(733.53)	(733.53)
TOTAL WITHDRAW						0.00	0.00	0.00	(733.53)	(733.53)
GRAND TOTAL						24,799,504.86	799,498.32	(798,764.79)	(733.53)	0.00

Avg Date 7

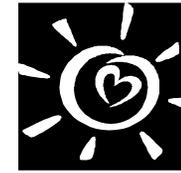


BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – September 27, 2021

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

- Robert H. Curry, *Chairperson*
- Stephanie Booth, MD
- Hector De La Torre
- Hilda Perez
- G. Michael Roybal, MD

*Absent ** Via Teleconference

Management/Staff

- John Baackes, *Chief Executive Officer*
- Terry Brown, *Chief Human Resources Officer*
- Linda Greenfeld, *Chief Product Officer*
- Augustavia J. Haydel, Esq., *General Counsel*
- Tom MacDougall, *Chief Information & Technology Officer*
- Marie Montgomery, *Chief Financial Officer*
- Francisco Oaxaca, *Chief of Communications & Community Relations*
- Noah Paley, *Chief of Staff*
- Acacia Reed, *Chief Operating Officer*
- Richard Seidman, MD, MPH, *Chief Medical Officer*

California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Robert H. Curry, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:06 p.m. He welcomed everyone and summarized the process for public comment during this meeting as reflected on the meeting agenda.</p> <ul style="list-style-type: none"> • The Governor’s Executive Order temporarily set aside some provisions of the Brown Act because of public health guidelines. • Board Meetings are conducted electronically so that all attendees can be safe and practice social distancing. • Comments from anyone who would like to address the Board and its committees are welcome and there are instructions on the Agenda. • L.A. Care members need us to continue the work of the Board, and the meetings are run so that members of the public can hear the meeting and can submit their comments by voice mail, text, or email. • Staff sends all comments in writing to the Board before the meeting. • All public comment is included in the minutes of the meeting, and any comments that were not read during the meeting are added at the end of the minutes. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Submitters of public comment must identify the Agenda item which the comment is addressing. If the submitter does not identify an agenda item for the comment to be read, the submitter’s comment will be read for 3 minutes at the “Public Comment” item. • At the appropriate item on the Agenda, staff will read for 3 minutes the public comment from each submitter. Depending on how many comments are submitted, the 3-minute time could be adjusted to allow for more submitters to have their comments read. • The Board will continue reviewing and improving how public comments are received and distributed to Board members. 	
APPROVE MEETING AGENDA	<p>The Agenda for today’s meeting was approved.</p>	<p>Approved unanimously by roll call. 5 AYES (Booth, Curry, De La Torre, Perez, and Roybal)</p>
APPROVE CONSENT AGENDA	<p>Board Member Booth had some questions on motions FIN 102.0921A, FIN 104.0921A, FIN B.0921, and FIN C.0921.</p> <p>The Committee voted on the below Consent Agenda items.</p> <ul style="list-style-type: none"> • August 23, 2021 Meeting Minutes • I Color Printing and Mailing Contract Amendment <u>Motion FIN 100.0921A*</u> To authorize staff to amend contract to increase funds in the amount of \$1.3 million for a new total not to exceed amount \$2,295,000 with I Color Printing and Mailing Inc. to provide L.A. Care MPSS Premium Billing Unit with printing, storage, postage/ mailing, reporting, and order fulfillment services through June 30, 2023. • Cognizant Contract Amendment for Salesforce Software Development Services <u>Motion FIN 101.0921A*</u> To authorize staff to amend the existing contract with Cognizant for an additional \$948,069 (total contract not to exceed \$5,323,069) for continued Salesforce implementation activities through March 31, 2022. • Infosys Limited Contract Amendment for Quality Assurance and Testing Services 	<p>The August 23, 2021 meeting minutes, FIN 100, FIN 101, FIN 103 and FIN A were approved unanimously by roll call. 5 AYES</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion FIN 103.0921A*</u> To authorize staff to contract with Infosys Limited in an amount not to exceed a total of \$8,000,000 for Information Technology quality assurance and testing services for three years.</p> <ul style="list-style-type: none"> • Salesforce, Inc. Customer Relationship Management Software Subscription Services <u>Motion FIN A.0921*</u> To authorize staff to execute a contract with Salesforce in an amount up to \$1,700,000 for the renewal of subscription services through October 31, 2022. <p>Clarifications on FIN 102, FIN 104, FIN B, and FIN C.</p> <ul style="list-style-type: none"> • Information Technology Staff Augmentation Services Contract Amendment <u>Motion FIN 102.0921A* -</u> To authorize staff to amend contracts with Cognizant, HCL, Infosys Limited, and Solugenix to increase funds by \$2,700,000 (total not to exceed of \$11,254,348) for Information Technology staff augmentation services through March 31, 2022. <p>Board Member Booth asked if there were contracts with Flextech, Senaptic, Insight Global Consulting and Cumberlink. Tom MacDougall, <i>Chief Information & Technology Officer</i>, confirmed that L.A. Care have contracts with Flextech and Senaptic. J.R. Nino, <i>Senior Director, Contracting & Procurement</i>, confirmed that L.A. Care has contracts Insight Global and Cumberlink.</p> <ul style="list-style-type: none"> • Alchemy Communications, Inc. Contract Amendment <u>Motion FIN 104.0921A*</u> To authorize staff to add sufficient funds to the Alchemy Communication Inc. data center purchase order to pay our current service contract through to the end of the service agreement in February 2022 in an amount not to exceed \$400,000 for a grand total not to exceed amount of \$3,844,282. <p>Board Member Booth commented that the Board approved in September 2021 a contract with Alchemy Communications that would start in February 2022. She added that it seems that money got spent that had not yet been either budgeted nor requested. She understands that things have go on and noted that the Board understands circumstances change. Project leaders have technology that can inform them of a potential budget overrun. Member Booth said everyone should request funds as early as possible. However, if it becomes necessary for a request for funds motion to include</p>	<p>FIN 102, FIN 104, FIN B and FIN C were approved unanimously by roll call. 5 AYES</p> <p>The Committee approved including FIN 100, FIN 101, FIN 102, FIN 103 and FIN 104 on the Consent Agenda for the September 27, 2021 Board of Governors' Special meeting.</p>

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	<p>money that has already been paid out, she hopes the requester could clarify the motion's plans for expenditure by a separate accounting of that payment amount; and State the reason(s) it became a necessary expense.</p> <ul style="list-style-type: none"> • Complete Cleaning Services (CCS) Contract <u>Motion FIN B.0921*</u> To authorize staff to enter into a new 3-year Master Service Agreement with Complete Cleaning Services in an amount not to exceed \$1,868,789. <p>Board Member Booth asked if L.A. Care is splitting this cost with Blue Shield Promise Health Plan. Lance MacLean, <i>Senior Director, Facilities Services</i>, confirmed that all expenses at Community Resources Centers (CRCs) shared with Blue Shield will be split based on amount of square footage occupied by Blue Shield.</p> <ul style="list-style-type: none"> • Toney Health Care Consulting Contract Amendment <u>Motion FIN C.0921*</u> To authorize an amendment extending the current contract with Toney Health Care Consulting for Utilization Management services through March 31, 2022, at an additional cost of \$88,000, for a total contract not to exceed \$1,306,000. <p>Board Member Booth asked what are we paying for UM services and noticed the per month fee is higher. Acacia Reed, <i>Chief Operating Officer</i>, responded that this cost is to retain one of their senior resources.</p>	
PUBLIC COMMENTS	There were no public comments.	
CHAIRPERSON'S REPORT	Chairperson Curry noted that the positivity, hospitalization and mortality related to COVID-19 has reduced. He just learned that those in acute setting are eligible for COVID-19 booster vaccine. This is looking good but could not predict trend and hoped this trend continue.	
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, <i>Chief Executive Officer</i> , will give his CEO Report during the Special Board of Governors meeting immediately following this meeting.	

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COMMITTEE ITEMS		
<p>Chief Financial Officer's Report</p> <ul style="list-style-type: none"> Financial Report 	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported:</p> <p><u>Membership</u> Membership for August is 2,464,474, favorable to the forecast by 21,588 members and 31,000 member months favorable to the year to date (YTD) forecast.</p> <p>In August, the Department of Health Care Services (DHCS) made an adjustment to the system correction going back to 2014 which resulted in an increase of 16,000 Seniors and People with Disabilities (SPD) retroactive members. Also, the suspension of the redeterminations continues to drive the membership favorability in August. The forecast assumed redeterminations would not restart prior to the end of the fiscal year and we would continue to experience modest growth.</p> <ul style="list-style-type: none"> Commercial lines are above forecast by 6,000 members. L.A. Care Covered (LACC) membership increased to over 101,000 members in August, the first time that L.A. Care has broken the 100,000 mark. Ms. Montgomery also explained that all payments for the previously announced premium rebate have been sent out to those members eligible to receive them <p>Board Member Booth asked if PASC-SEIU members are similar to LACC and, if so, does L.A. Care give them rebates. She asked about the number of members enrolled to consider a line as large group (product). Ms. Montgomery responded that SEIU are considered a large group, -which is more than 100 people. L.A. Care does not have small group (product). Mr. Baackes added that Covered California is managed by the California Department of Managed Health Care (DMHC), and PASC-SEIU and LACC lines of business follow the rules of DMHC, with PASC-SEIU is designed to break even. Board Member Booth asked if everybody got the \$77 rebate. Ms. Montgomery responded that the average premium rebate for LACC is \$127.</p> <p><u>Consolidated Financial Performance – August 2021</u> The net deficit for August is \$8.3 million which is \$13 million unfavorable to the forecast driven by the Operating Margin from fee-for-service (FFS) and pharmacy claims. FFS claims were \$6 million unfavorable to forecast and pharmacy is \$10 million unfavorable mainly due to the timing on rebates. These items were partially offset by \$3.6 million in capitation expense recoveries related to Health Homes. The revenue had a favorable true-up for the DHCS system correction for institutional members and In-Home Support Services (IHSS) in</p>	

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	<p>the amount of \$3.9 million. That was retroactive for 2014-2019 and the original adjustment was made back in September 2020.</p> <p>Administrative expenses are \$3 million favorable in August due to lower spending in Purchased Services and timing in Employee Benefits. Non-operating is \$2.7 million unfavorable in August due to higher Community Resource Centers (CRCs) spending and timing in grant spending.</p> <p><u>Consolidated Financial Performance – Year-To-Date (YTD)</u></p> <p>August YTD has \$111 million net surplus which is virtually flat to the 9+3 forecast. While August was approximately \$13 million unfavorable, July was approximately \$13 million favorable. Operating margin is unfavorable by less than \$1 million. YTD incurred claims are \$2.5 million unfavorable to forecast and pharmacy is \$7.1 million unfavorable. Community Based Adult Services (CBAS) is \$2 million unfavorable versus an updated forecast that assumed CBAS expenses would be higher. Provider incentives are \$3 million favorable due to timing. The revenue has the same DHCS system correction for institutional members and IHSS in the amount of \$3.9 million. There is also favorability in Health Homes of \$5 million which includes the \$3.6 million of community-based care management entities (CBCME) capitation recoveries and behavioral health treatment of \$2.2 million.</p> <p>YTD Administrative expenses are \$4.5 million favorable driven primarily by lower spending in Purchased Services and Salaries and Benefits. YTD Non-operating expenses are? \$3.6 million unfavorable due to higher CRC spending and timing in grant spending.</p> <p><u>Reported vs Paid Claims Trend</u></p> <p>The paid claims in August 2021 increased following a dip in July. Deloitte, as part of the audit, is reviewing the August claims reserves which will assist the year end estimates for September. The reserves are conservative given the Delta surge, changes in risk arrangements from shared risk to dual risk, and continued increases in membership.</p> <p>The October meeting will include policy reviews and the year-end financial results will come to the November 15 meeting. There are a number of estimates to revisit including the reserve for misclassified members. This is the \$87 million reserve issue that dates back to 2014. Staff is also working with DHCS on the IHSS reconciliations. Staff will be revising estimates. Overall, the forecasted \$136 million surplus is still on track.</p> <p>Key Financial Ratios</p> <ul style="list-style-type: none"> • Overall our Medical Cost Ratio (MCR) is 93.7% versus forecast of 93.6%, virtually flat. 	

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	<ul style="list-style-type: none"> • Plan Partners MCR is equal to forecast. • SPD and CCI MCR is slightly higher than the forecast. • TANF/MCE MCR is slightly lower than the forecast. • CMC MCR is unfavorable to the forecast due to higher FFS and Pharmacy claims. • Commercial MCR is lower than the forecast due to higher volume and favorable FFS claims. • The administrative ratio was 4.8%, equal to the forecast. • Working Capital and Tangible Net Equity are ahead of benchmarks. • Cash to claims ratio is below the target. The cash to claims ratio will not fully recover until the IHSS balance with DHCS is settled. • August 2021 Fund Balance was \$1.03 billion which represents 503% of Tangible Net Equity (TNE) <p>Board Member Booth asked about CalOptima’s TNE. Ms. Montgomery noted that CalOptima is a county health system. They have a different methodology and have stronger financials over time.</p> <p>Mr. Baackes noted that perhaps Board members will need a tutorial on the difference between the county health systems and local initiatives sometime in the future.</p> <p><u>Motion FIN 105.1021</u> To accept the Financial Report for July and August 2021, as submitted.</p>	<p>Approved unanimously by roll call. 5 AYES</p>
<ul style="list-style-type: none"> • Monthly Investments Transaction Reports 	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to the Committee to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of July 31, 2021 and August 31,2021 was \$1.7 billion.</p> <ul style="list-style-type: none"> • \$1.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$73 million in Local Agency Investment Fund • \$253 million in Los Angeles County Pooled Investment Fund 	

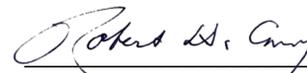
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:42 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p><i>There was no discussion of the below agenda item.</i></p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>September 2023</i></p>	
RECONVENE IN OPEN SESSION	<p>The meeting reconvened in open session at 1:48 pm</p> <p>Ms. Haydel advised the public that no reportable actions were taken during the closed session.</p>	
ADJOURNMENT	<p>The next meeting will be held on October 25, 2021.</p> <p>The meeting was adjourned at 1:48 pm</p>	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:



Robert H. Curry, *Chair*

Date Signed 10-25-21

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